

EMERGENCY INFORMATION

(Please print all information)

Name(s): _____

Address: _____

City/State/Zip: _____

Youth Cell Phone: _____

Parent(s) or Guardian(s): _____

Parent Cell Phone: _____ Parent(s) Email: _____

Doctor or Group Name: _____ Doctor Phone: _____

Doctor's Address: _____

Medical Plan: _____ Medical Plan Number: _____

Date(s) of last Tetanus: _____ Date(s) of Birth: _____

Please fill in the following if applicable. If it does not apply, please write "N/A."

Food and/or Medication Allergies: _____

Current Medications being taken: _____

Medical Conditions we should know about: _____

I hereby give my permission for my child(ren) to attend activities with Trinity Episcopal Church, and in the event of an accident or illness, to receive emergency medical treatment as deemed necessary by a licensed physician.

Parent Signature: _____ Date: _____

Media and Photo Release Form

Occasionally we photograph classes and activities. We use these photos to record our history and to illustrate the life of Trinity and on the web site. It is our policy not to identify any children by name in publications or on our web site.

I hereby give permission for this parish to use my child(ren)'s photograph (without his/her/their name) in parish publications and on the parish website in regard to any parish sponsored activity.

Parent/Guardian Signature

Date