

NOTARIZED TRINITY MEDICAL AUTHORIZATION AND TRIP AGREEMENT FORM

**Youth Participant:**

Whereas, \_\_\_\_\_, child of whom I have legal custody as a parent or legal guardian, will be a member of a group making various trips with Trinity Presbyterian Church, Pensacola, Florida; and whereas, the guidance during said trips will be given by authorized leaders of Trinity Presbyterian church;

**Adult Participant:**

Whereas, \_\_\_\_\_, I (adult participant) will be a member of a group making various trips with Trinity Presbyterian Church, Pensacola, Florida; and whereas, the guidance during said trips will be given by authorized leaders of Trinity Presbyterian church;

**It is agreed as follows:**

In the event my child (youth participant) / I (adult participant) require medical services, including admission to a hospital, any of the authorized leaders may seek and provide such services as my duly authorized representative. During the period of the trip I (parent/guardian) / my emergency contacts (adult participant) can be reached at the telephone number(s) listed by my signature below. I assume full financial responsibility for any portion of the medical expenses not covered by my medical policy. I realize that during the trip, good conduct befitting a Christian youth group will be required of my child / me (adult participant) for the maintenance of good order of the group. Accordingly, I hereby authorize the advisors to discipline my child / me (adult participant) in a reasonable manner. I understand that unruly behavior such as smoking (youth only), speaking with profanity, consumption of alcohol or illegal substances, and failure to act in accordance with normal rules of conduct from each participant can and will not be tolerated. In the event my child / I (adult participant) violate the rules of good conduct and, in the opinion of the majority of the advisors on the trip, become incapable of being corrected, I authorize any advisor to provide for placing my child / me (adult participant) on a public conveyance for immediate return to the Pensacola area at my expense. Upon returning to Trinity, the advisor shall refer the participant to either the senior or associate pastor for counseling. Completion of such counseling shall be a prerequisite to that participant's future participation in youth activities of Trinity Presbyterian Church.

I hereby release Trinity Presbyterian Church of Pensacola, Florida, its officers, agents, employees, elders, chaperones, advisors, and members from liability for any injury, illness, or other loss suffered by my child / me (adult participant) from any activities, including travel to and from the same. I will send notification of any medication my child / I (adult participant) require on any given trip to the appropriate leader before the start of the trip.

**I have read and fully understand the foregoing AUTHORIZATION, CONSENT TO MEDICAL TREATMENT AND RELEASE OF LIABILITY, and fully understand its content, purpose, and effect.**

**Insurance Information: Please attach copies to the back of this form.**

Name of Company \_\_\_\_\_ Policy Number: \_\_\_\_\_

Type of Policy: \_\_\_\_\_ Group: \_\_\_\_\_ Individual: \_\_\_\_\_

Please List any medical problems (allergies, ADHD, etc.) the advisors should be aware of: \_\_\_\_\_

Participant's Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Parent's/Guardian's Name (if a youth participant): \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (850) \_\_\_\_\_ Work: \_\_\_\_\_ Cell/Pager \_\_\_\_\_

Emergency Contact (other than parents): \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell/Pager \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

State of Florida

County of Escambia

Parent/Guardian/Adult Participant Signature: \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_

By \_\_\_\_\_, who is personally known to me or has produced \_\_\_\_\_ as identification.

Notary Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_