

2008 MEDICAL RELEASE FORM
CHILDREN'S MINISTRIES OF TRINITY BAPTIST CHURCH
401 W. Monte Vista Ave. • Vacaville, CA 95688 • (707) 448-5430

Student's Name _____ School Grade _____

Parent's Name _____ Home Phone _____

Address _____
Street City Zip

Other Person to Contact in Case of Emergency _____
Name Phone

PERSONAL HEALTH INSURANCE COMPANY _____ POLICY NO. _____

This is to certify that my above named son/daughter has my permission to participate in activities with the Children's Ministries of Trinity Baptist Church of Vacaville, California. Date of event _____ Activity _____ Understanding that all due care for the health and safety of all participants will be exercised, I will hold neither the church nor any of its adult supervisors responsible for any accident or illness that may occur. I also hereby empower the adult leaders of this activity to secure the services of properly qualified medical personnel and to authorize the performance of any necessary medical or surgical procedures in the event of accident or illness, with the understanding that every effort will be made to contact me before such action is taken. I also will assume all financial and legal responsibility involved.

Please list any medical problems or allergies: _____

DATE _____

(Signature of Parent or Guardian)

Church insurance begins where the individual's health and accident insurance policy terminates and is only valid when other insurance has been extended to its limits. In case of no personal policy, Trinity Baptist Church's policy will provide complete coverage within its limits.