

TRINITY PRESBYTERIAN CHURCH  
INFORMATION AND MEDICAL RELEASE

STUDENT NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SEX \_\_\_\_\_ HOME PHONE \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

GUARDIAN NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

Cell \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

GUARDIAN'S NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

Cell \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

STUDENT'S HEALTH HISTORY (List all operations and serious illnesses: use back for more space, if needed): \_\_\_\_\_ DATE (S): \_\_\_\_\_

LIST ALL DRUG REACTIONS: \_\_\_\_\_

ALLERGIES (Describe): \_\_\_\_\_

LIST ANY PHYSICAL HANDICAPS: \_\_\_\_\_

EMERGENCY NUMBERS (please list any person who could be reached in your absence and has permission to pick-up your child):

NAME: \_\_\_\_\_ RELATION: \_\_\_\_\_ PHONE#: \_\_\_\_\_

NAME: \_\_\_\_\_ RELATION: \_\_\_\_\_ PHONE#: \_\_\_\_\_

The patient and others whose signatures are attached below hereby consent to any and all emergency medical and surgical treatments, including anesthesia and operations which may be deemed necessary by his or her treating physician/surgeon, pursuant to F.S. 768.13, known as the "Good Samaritan Act", and F.S. 401.45.

I also authorize my child to ride in the church van. I waive and release any and all rights and claims for damages myself or my minor child may have against Trinity Presbyterian Church or against its agents, employees or volunteers and all claims, damages as a result of participating in any activity sponsored by Trinity Presbyterian Church.

IN WITNESS of our agreement and consent to the matters stated in the foregoing, we have subscribed our signature(s) below.

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE (IF UNDER 18 YRS OF AGE)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE (IF OVER THE AGE OF 18)

\_\_\_\_\_  
DATE

**MUST  
BE  
NOTARIZED**

State of Florida

County of Hillsborough

The forgoing instrument was acknowledged before me on \_\_\_\_\_, 20\_\_ by \_\_\_\_\_ who is personally know to me or who has produced \_\_\_\_\_ as identification and who did or did not take an oath.

\_\_\_\_\_  
Notary Public Signature

Stamp: