

**Trinity Reformed Church**  
**712 Apple Ave., Holland, MI 49423**  
**Phone: (616) 396-6526**  
**CONSENT FORM - MEDICAL TREATMENT**  
**Valid September 1, 2007 - August 31, 2008**  
**(Minor Child)**

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_  Cell Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Phone (work) \_\_\_\_\_  Phone (work) \_\_\_\_\_

Phone(home) \_\_\_\_\_  Phone (home) \_\_\_\_\_

**Please check the box by the primary phone number...this is the one we will use unless told otherwise.**

Email Address: \_\_\_\_\_

In the event that the parent/guardian cannot be reached, please contact:

\_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Child's Physician \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Emergency Phone \_\_\_\_\_

Allergic reactions to: (Please list) \_\_\_\_\_

Food Allergies: \_\_\_\_\_

Medications (Both prescription and/or over the counter):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of last Tetanus Shot \_\_\_\_\_

Insurance Company \_\_\_\_\_

Group # \_\_\_\_\_ Policy # \_\_\_\_\_

Social Security Number \_\_\_\_\_

**AUTHORIZATION**

I/We hereby authorize any adult sponsor of Trinity Reformed Church Children's and /or Youth

Activities to act on my/our behalf in the event my/our child should require a medical, dental, or surgical

diagnosis; x-ray examinations; and/or hospital care advised and supervised by a physician, surgeon, or

dentist (as appropriate) licenses to practice under the laws of the state where the services are rendered,

either at a Doctor's office or in a hospital. I/we expect to be contacted as soon as possible.

I/We also release the above mentioned people from any liability for accidents, injuries, or any other

problems my/our child may encounter during youth meetings or events.

I/We understand that my/our child will be sent home at my/our expense if he/she should violate the rules

of conduct as stated in the Trinity Reformed Church Youth Guidelines.

X \_\_\_\_\_

X \_\_\_\_\_

Additional information that might be helpful for leaders to know:

\_\_\_\_\_