

Camp Trinity Reunion

Medical Release Form

*Trinity Center
Of The Episcopal Diocese of East Carolina
For use at the Camp Trinity Reunion

Participant's Full Name: _____

Parent(s)/Guardian(s) Name(s): _____

Address: _____

Phone: _____ Alt Phone: _____

Name of Insured: _____

Relationship to Youth: _____

Youth SSN: _____ - _____ - _____

Insurance Carrier: _____

Group Number/ID and Policy Number: _____

Please list any necessary medical/health information (ex. Drug allergies):

Please list any Special Dietary Needs for your youth:

Please list all medications your youth takes regularly:

Please list any other information about your youth that would be helpful for us to know:

_____ has my permission to engage in all prescribed conference activities, except as noted by me. EXCEPTION(S): _____

I authorize by signing below, the use of this information in case of a medical emergency involving my youth by the Trinity Center/Camp Trinity staff and volunteers. I agree to be financially responsible for all costs incurred, regardless of whether medical insurance coverage information is provided. Also, in the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by Trinity Center/Camp Trinity to hospitalize secure proper treatment for and to order injection, anesthesia or surgery for my child as named above.

Parent's Signature

Date

***Note: Please send this form to Camp Trinity before the event. All youth must have medical release and community covenant forms completed to attend event.**

PHOTO RELEASE

Camp Trinity takes photograph or video at all events throughout camp sessions and youth events. As a result, your young person may be photographed or filmed and appear in Camp Trinity, Trinity Center, or Diocesan publications (digital and print). This includes but not limited to their specific websites or social media pages. Some photographs or videos may even be identified by name

___ Yes, I give permission for the camper named above photographed to be used.

___ No, I do NOT give permission for the camper named above photographed to be used.

Signature

Date