

# 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 photographs at all events throughout camp sessions and youth events. As a result, your young person may be photographed and appear in Camp Trinity, Trinity Center, or Diocesan publications or on any of their specific websites or social media pages. Some photographs 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