

Medical Liability Form

Trinity Baptist Temple, Fort Worth, TX
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Personal Information:

Name: _____ Age: _____ Sex: ___(male)___(female)

Address: _____ City: _____ State: _____ Zip: _____

Health Information:

Allergies: _____(none) or Allergic to: _____

Medicine(s) you are presently taking: _____

Date of last tetanus shot: _____ Are you current on all your shots? ___yes___no

Blood Type: _____(if known)

Are there any special conditions/health problems or other information about you that we should be aware of? ___yes___no If yes, please explain: _____

Your Physician's Name: _____ Office telephone # () _____

Emergency contact person: _____ Emergency phone #() _____

Relationship to you: _____

I/We _____, parent/guardian of the above named youth, hereby give consent to provide _____ (youth) with emergency care, and/or hospitalization for any accident or illness which occurs while attending this youth trip, and also give permission to transport _____ (youth) to and from localities where such health services are provided.

Signed: _____ Relationship: _____ Date: _____

Home phone#() _____ Work phone#() _____

We understand and agree with the rules, guidelines, and regulations that are set forth for the youth on this trip, and that they are set up for the benefit and well-being of _____(youth).

Signed: _____ parent

Signed: _____ youth