

Trinity United Methodist Church Consent Form

To Attend and Participate

Trinity United Methodist Church, 3430 Harrison, Beaumont, Texas 77706, (409) 892-8121, and its Ministers, Youth Director, Director of Christian Education, and appointed chaperones have permission for the Minor listed below to attend and participate in the planned activities and events which are part of the program of Trinity United Methodist Church. The minor is to comply with all behavior expectations governing church programs.

To Receive Medical Treatment

Trinity United Methodist Church Ministers, Youth Director, Director of Christian Education, or appointed chaperones have permission to select any hospital or health care provider which can render medical services as may be determined needed by the minor. Discretion of such Trinity staff or appointed chaperones shall be fully binding on the parent or guardian whose signature appears below and on minor. Parent or guardian whose signature appears below has responsibility for payment of any medical bills incurred. Signature below gives permission for medical treatment of the minor in the event of an emergency and obligates person signing to be financially responsible for any medical bills.

To Receive HIPAA Protected Health Information (PHI)

By signing this form, I am authorizing the disclosure of health information about the minor by any treating health care provider, hospital, clinic, or office providing medical treatment to the minor to Trinity United Methodist Church Ministers, Youth Director, Director of Christian Education, or appointed chaperones who accompany the minor to the place of medical care until such time as a parent or guardian arrives. This authorization is limited to medical information reasonably necessary for appropriate decisions about health, safety and care of the minor and the use of this information after disclosure is limited to this purpose. This form does not authorize the release of any past medical information unnecessary to current medical care. I understand that the health information described might be redisclosed and no longer protected by federal and state privacy regulations. I understand I have the right to revoke this authorization in writing at any time. This authorization is valid only until such time as an appropriate guardian or parent arrives to assume responsibility for health care decisions. I understand that treatment or payment for health care services will not be denied if I do not sign this authorization.

To Waive Legal Liability

By signing this form, I understand that I am waiving and releasing Trinity United Methodist Church and its leaders, counselors, employees, and Ministers, Youth Director, Director of Christian Education, or appointed chaperones, singularly and collectively, of any and all liability for any injury which might be received while participating in events sponsored by or at Trinity United Methodist Church to the extent such liability is not covered by any liability insurance held or paid for by Trinity United Methodist Church.

MINOR'S NAME (PLEASE PRINT): _____

SIGNATURE OF PARENT OR GUARDIAN: _____

PRINTED NAME OF PERSON SIGNING: _____

MINOR'S HEALTH INFORMATION

Minor's Name: _____ Date of Birth: ____/____/____

Address: _____ City/Zip: _____

Phone(s): _____

Emergency Information:

Mother: _____ Cell Phone: _____ WorkPhone: _____

Father: _____ Cell Phone: _____ Work Phone: _____

Temporary Care: Please list a neighbor or relative who will assume temporary care if you cannot be reached.

Name & Relationship: _____

Address: _____

Phone(s): _____

Health Information: Please list any health conditions that need to be considered by someone caring for this minor, both routinely and in a medical emergency. Please provide explanations:

Minor's Physician: _____ Phone: _____

Address: _____

Hospital of Choice (Beaumont): _____ Phone: _____

Health Insurance Co.: _____ Policy/ID# _____

Attach Copy of Insurance Card