Trinity Cathedral
Medical Information and Consent to Treatment

Participant and Parent/Guardian Information

Sponsoring Organization: **Trinity Cathedral**

Participant Name: ______________________________
Last First Middle

Dates of Attendance: ______________________________

Social Security No.: ______-________-______________

Gender: ☐ Male ☐ Female Birth date: ___/___/___

Age (at time of attendance) _____________________________

Guardian Name: ______________________________

Home Phone: (____) _____-________

Address: ____________________________________

Work/Cell Phone: (____) ______-________

City, State, ZIP: ____
City State ZIP Code

Emergency Contact: _____________________________

Phone Numbers: (_____)_____-__________

(_____)______-_________

Medical Information

Does the participant take any medication? ☐ Yes (please describe below) ☐ No

Please list any medications (including over-the-counter or non-prescription drugs) taken routinely. Bring enough medication to last the entire duration of the trip. Keep medications in their original packaging/bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage and the frequency of administration.

Med #1 ____ Dosage _______________ Specific times taken each day ___________

Reason for taking ____

Med #2 ____ Dosage _______________ Specific times taken each day ___________

Reason for taking ____

Med #3 ____ Dosage _______________ Specific times taken each day ___________

Reason for taking ____

Does the participant have any allergies? ☐ Yes (please describe below) ☐ No

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Does the participant have any medical history or restrictions that may limit participation or affect them while on trip?

☐ Yes (please describe below) ☐ No

____

Parent/Guardian Authorization & Acknowledgement of Risk

I give permission to the medical personnel selected by the leader of the trip or his designee to provide routine health care; to administer medications; order X-rays, routine test and treatment; to release any records necessary for insurance purposes; and to provide or to arrange necessary related transportation for my child. In an emergency, I give permission to the medical personnel so selected to secure and administer treatment including hospitalization for my child. I give permission for the photographs and/or audio/ video recording of my child to be used by the camp for its promotion, web site and/or news media coverage. I acknowledge that there are inherent risks to participation in recreational and adventure activities and programs sponsored by Trinity Cathedral, including but not limited to swimming, canoeing, climbing and ropes courses, which could result in accidental injury, possibly serious. Parents will be notified immediately if a problem is serious. Furthermore, engagement in these activities requires good physical condition on behalf of the participant. Being aware of the inherent risks and potential injury to my child, I hereby consent to my child's attendance and participation in the activities sponsored by Trinity Cathedral.

Signature of parent or guardian: ____ Date: ____/____/____________

Signature of Participant: ____ Date: ____/____/____________

(If more than 21 years of age)

General Health Questions (Please explain "yes" answers below.)

Has/does the participant:

Question	Yes	No
1. Had any recent injury, illness or infectious disease?	☐	☐
2. Have a chronic or recurring illness/condition?	☐	☐
3. Ever been hospitalized? `	☐	☐
4. Ever had surgery?	☐	☐
5. Have frequent headaches?	☐	☐
6. Ever had a head injury?	☐	☐
7. Ever been knocked unconscious?	☐	☐
8. Wear glasses, contacts or eyewear?	☐	☐
9. Ever had frequent ear infections?	☐	☐
10. Ever passed out during or after exercise?	☐	☐
11. Ever been dizzy during or after exercise?	☐	☐
12. Ever had seizures?	☐	☐
13. Ever had chest pain during or after exercise?	☐	☐
14. Ever had high blood pressure?	☐	☐
15. Ever been diagnosed with a heart murmur?	☐	☐
16. Ever had back problems?	☐	☐
17. Ever had joint problems?	☐	☐
18. Plan to bring an orthodontic appliance to trip?	☐	☐
19. Have any skin problems?	☐	☐
20. Have diabetes?	☐	☐
21. Have asthma?	☐	☐
22. Had mononucleosis in the last 12 months?	☐	☐
23. Had problems with diarrhea or constipation?	☐	☐
24. Have problems with sleepwalking?	☐	☐
25. If female, have an abnormal menstrual history?	☐	☐
26. Have a history of bed-wetting?	☐	☐
27. Ever had an eating disorder?	☐	☐
28. Ever sought professional help with emotional difficulties?	☐	☐

If you marked yes to any of the above, please explain:

____

____

Which of the following has the participant had?

☐ Measles
☐ Chicken Pox
☐ German Measles
☐ Mumps
☐ Hepatitis A
☐ Hepatitis B
☐ Hepatitis C

Which of the following immunizations has the participant had?

☐ DTP ☐ Polio ☐ TD (tetanus/diphtheria)
☐ MMR ☐ Measles ☐ Mumps
☐ Rubella ☐ Hepatitis B ☐ Varicella (chicken pox)
☐ Haemophilus influenza B

Date of last Tetanus shot _________________

Health Care Information

Name of regular physician or health care facility ___________________________ Phone (____)____-________

Is the participant covered by an insurance plan? ☐ Yes (please describe below) ☐ No

Plan name:____ Group Number: __________________________

Insurance Company Address: ____

Name of insured policy holder: ____ Relation to participant: _____________________

Policy ID number or Social Security number of policy holder: ____

Use this space to provide any additional information about the participant of which Trinity Cathedral and the trip's leaders should be aware: ____

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