



# TRINITY CHRISTIAN SCHOOL

## Emergency Data Form for Senior Camp

Student's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_

Father's Name \_\_\_\_\_ Work Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Work Phone \_\_\_\_\_

Secondary Emergency Contact \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Insurance Carrier \_\_\_\_\_

Insurance I.D. Number \_\_\_\_\_

Medical History (Including allergic reactions to medications or drugs, surgeries, pre-existing medical conditions): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I, \_\_\_\_\_, do hereby grant power of attorney to the personnel of Trinity Christian School, doctors, emergency care facilities, and/or hospitals for the treatment and care of my child, \_\_\_\_\_, in the event of injury or sudden illness while participating in athletic events with Trinity Christian School. This power of attorney will only be granted when the attending physician or emergency facility is unable to contact me to receive my verbal consent and the extent of the injury or illness would necessitate the immediate treatment of my child in a life or death situation. I freely and willfully grant this power of attorney and understand that by doing this I release Trinity Christian School from any liabilities that may occur.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

Notary Signature \_\_\_\_\_