

Consent to Participate in Group Activities
Trinity Baptist Church -- 44-550 Monroe St. --Indio, CA 92201

Minor's Name _____

Birthdate _____

has permission to participate in any authorized group activity sponsored by the church or the affiliated groups and organizations. It is understood that adequate supervision of all groups will be maintained.

Activity: _____

I/we, parents/guardians of the above named minor, do hereby authorize Trinity Baptist Church as agents for the undersigned to consent to any x-ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of, any physician and surgeon licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at office of said physician or at said hospital.

Signed _____ Date _____

Home Phone _____

Work Phone _____

Cell Phone _____

Address _____

City _____ State _____ Zip Code _____

Health Insurance _____

Policy Number _____ Group Number _____

Specific instructions or information to Physician or nurse concerning any specific physical condition they should be aware of, any restrictions or medications:
