Trail Christian Fellowship Annual Medical and Media Release Form

For All 2026 Kids & Teen Activities

This form must be completed and returned to Pastors Robert Milton & or Jeremy Hascall before you may participate in events for the year.

Name(s) of Children:_____

_____

Birthdate(s):_____

_____

Address:_____

Email:_____

Parents Phone: _____Texting: Y N

Health Insurance: Y N Provider:_____

ID #: _____ Policy/Group #:_____

Food/Other Allergy (s): Y N if Yes, please list:_____

_____

List Child's name & any medications they are taking: _____

_____

_____: PERMISSION TO TREAT ABOVE LISTED (EVEN A MINOR)

(Initial to allow) I authorize Trail Christian Fellowship, in whose care the above listed has been entrusted, to consent to any emergency transportation, x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital or emergency care facility. The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and/or dental services rendered to the aforementioned to this authorization.

_____: MEDIA RELEASE

(Initial to allow) I hereby grant permission to Trail Christian Fellowship to use photos and videos containing the face and likeness of above listed for various purposes such as printed material, publications, displays, video productions, Pro Presenter presentations, etc., as well as for the various TCF sites on the internet.

_____

(Legal Responsible Party Signature) (Date)