



Rev. Stephen Henderson, Senior Pastor  
Rev. Matthew Canaday, Associate Pastor  
Rev. Daniel Gadbow, Associate Pastor  
Karol Ketcher, Director of Music  
Christine Miller, Principal  
Cynthia Fitzsimons, Church Administrator  
Katie Gutierrez, Director of Technology

### Medical Treatment Consent Form

I hereby give permission for any and all medical attention necessary to be administered to my child, \_\_\_\_\_, in the event of an accident, injury, sickness, etc. under the direction of the persons listed below until such time as I may be contacted. This release is effective for the time during which my child is participating in the athletic program for the season, including traveling to or from competition. I also hereby assume the responsibility for payment of any such treatment.

Parent/Guardian Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Family Physician: \_\_\_\_\_

Physician Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Physician Phone Number: \_\_\_\_\_

My child's known allergies: \_\_\_\_\_

In case I cannot be reached, the following people are designated to give medical treatment consent for my child:

Coach's Name(s): \_\_\_\_\_

Athletic Director's Name(s): \_\_\_\_\_

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

\_\_\_\_\_  
Date

*Serving others through Christ, together!*

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