



**Trinity**  
ASSEMBLY OF GOD

## MEDICAL INFORMATION FORM

PARTICIPANTS NAME \_\_\_\_\_

BIRTH DATE \_\_\_\_\_ CURRENT GRADE \_\_\_\_\_ MALE \_\_\_\_\_ FEMALE \_\_\_\_\_

PARENT/GUARDIAN \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_  
\_\_\_\_\_

EMAIL \_\_\_\_\_

HOME PHONE ( ) \_\_\_\_\_

WORK PHONE ( ) \_\_\_\_\_

NAME & RELATIONSHIP OF ANOTHER PERSON TO CONTACT (IF A RELATIVE, IDENTIFY RELATIONSHIP)

\_\_\_\_\_ PHONE ( ) \_\_\_\_\_



HEALTH PLAN CARRIER \_\_\_\_\_

POLICY # \_\_\_\_\_

INSURANCE AGENT PHONE ( ) \_\_\_\_\_

POLICY HOLDER'S NAME \_\_\_\_\_

FAMILY DOCTOR \_\_\_\_\_

PHONE ( ) \_\_\_\_\_

MEDICAL EXCHANGE ( ) \_\_\_\_\_

FAMILY DENTIST \_\_\_\_\_

PHONE ( ) \_\_\_\_\_

1. Do any pre-certification, notification, or other requirements exist with respect to the health insurance of participant? If so, please specify: \_\_\_\_\_
2. Please note any allergies which the participant has: \_\_\_\_\_
3. Is the participant taking any medication? If so, please describe/list: \_\_\_\_\_



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4. Are there any allergies or other medical conditions of which leaders/medical personnel should be aware?

If so, please describe: \_\_\_\_\_



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Trinity Assembly of God  
4363 W. Mt. Morris Rd.  
Mt. Morris MI, 48458

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F: (810) 687 3130  
[trinitymm.com](http://trinitymm.com)



## Parent/Guardian Media Recording Release for Children and Dependents

I, Parent/Legal Guardian of *(child's name)* \_\_\_\_\_ hereby grant permission to Trinity Assembly of God, Mount Morris, Michigan and its assigns and licensees to take photographs or videos of the above named minor child or dependent adult, and to make recordings of the above named minor child's or dependent adult's voice as indicated below: *(Please check one choice in the blank.)*

\_\_\_\_ I DENY permission to Trinity Assembly of God, Mount Morris, Michigan to use my child's image or voice recordings in any manner.

\_\_\_\_ I GRANT permission for Trinity Assembly of God, Mount Morris, Michigan to use my child's image and voice recordings in the following manners: *(Circle the number for all which you give permission.)*

1. **Limited usage within the church:** Trinity Assembly of God, Mount Morris, Michigan may use images, videos, and recordings of my child or dependent within the church only, not in the larger community. For example, posting your child's image on bulletin boards within the church building.
2. **Limited usage for educational materials:** Trinity Assembly of God, Mount Morris, Michigan may use images, videos, and recordings of my child or dependent for educational materials only, not marketing. This could be either within or in the larger community. For example, using a video of your child in education classes.
3. **Limited usage in printed materials:** Trinity Assembly of God, Mount Morris, Michigan may use images of my child or dependent as part of printed materials only, no digital, video, or internet use. For example, using your child's image in the church's brochure or other outreach publications.
4. **Unrestricted usage:** I give unrestricted permission for images, videos, and recordings of my child or dependent to be used in print, video, digital and internet media. I agree that these images and/or voice recordings may be used by for a variety of purposes and that these images may be used without further



notifying me. I understand that the child's or dependent's name will not be used in conjunction with any video or digital images.

By GRANTING permission as directed above, I am giving Trinity Assembly of God, Mount Morris, Michigan permission to use these images, videos, and recordings, as well as the above named minor child's or dependent adult's likeness and voice within the bound of those directives, as follows:

- The use may include reproduction, distribution, derivative works, display, and performance, both private and public.
- The use may be in composite or modified forms and in any media, now known or later developed, including without limitation newspapers, television, radio, the World Wide Web, and social media.
- The use may be for any purpose throughout the world and in perpetuity, including, without limitation, education, trade, advertising, and promotion.

I further acknowledge that I will not be compensated for these uses, and that Trinity Assembly of God, Mount Morris, Michigan exclusively owns all rights to the images, videos, and recordings, and to any derivative works created from them.





I waive the right to inspect or approve the uses of any printed or electronic copy. I hereby release Trinity Assembly of God, Mount Morris, Michigan and its assigns and licensees from any claims that may arise from these uses, including without limitation claims of defamation or invasion of privacy, or of infringement of moral rights or rights of publicity or copyright.

This Release is binding on me, my heirs, assigns, and estate. Trinity Assembly of God, Mount Morris, Michigan is not obligated to use any of the rights granted under this Release.

This Release expresses the complete understanding of the parties.

Name (print): \_\_\_\_\_

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

Phone: \_\_\_\_\_ Cell/other phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_