



TRINITY SCHOOL AT RIVER RIDGE

601 River Ridge Parkway, Eagan MN 55121

PARENT CONSENT/RELEASE FORM

July 31, 2022 / July 31, 2023

Child's Name _____

Birthdate _____ Sex M/F _____ Grade _____

I grant permission for the child named above to participate in Trinity School athletic events and to be transported to these events in a non-commercial vehicle. In the event of an emergency, I authorize his/her coach or adult supervisors to act on my behalf in providing, arranging, and consenting to medical care. I understand that Trinity School does not provide insurance of any type for students. Therefore, I assume responsibility for any medical expense, personal injury or other loss sustained by my son/daughter, or caused by my son/daughter, and I agree to hold harmless and indemnify Trinity Schools Inc., and the People of Praise, Inc., and their agents, which includes but is not limited to, coaches, supervisors, assistants and helpers, whether adult or minor, whether paid or voluntary, from any loss or liability.

Health Insurance Company _____ Policy Number _____

Family Physician/Clinic _____

Clinic Phone Number _____

Please list your child's medical conditions. This form is given to coaches—please be specific. (Severe / mild allergy, asthma, diabetes, heart condition, stress fracture, heat exhaustion etc.)

Please list the prescribed medication that your child will be carrying (ie. for anaphylaxis or asthma) and include an **Action Plan** if appropriate.

Name of Parents/Guardian (please print) _____

Phone No. (h) _____ (w) _____ (c) _____

Name of someone other than parent/guardian who may be contacted in case of emergency:

_____ Phone Number _____

Signature of Parent/Guardian _____ Date _____