

FPC Student Ministries Mission Trip 2011

Permission and Medical Consent

PLEASE NOTE: If you fail to submit this form your child will not be permitted to participate in this trip.

As parent or legal guardian, I hereby give permission for my child to participate in the 2011 Student Ministries Mission Trip to _____.

STUDENT NAME _____ GENDER _____ BIRTHDATE _____

Parent/Guardian name _____

Address _____ Daytime phone _____ Evening _____ Cell _____

Alternate person to contact in case of emergency _____ Relationship to child _____

Address _____ Daytime Phone _____ Evening _____ Cell _____

Child's Primary Care Doctor _____ Phone _____

Hospital Preference _____

Insurance Information: Insurance Company _____

Group Number _____ Policy/Plan number _____ **** Please attach a copy of your insurance card****

Medical condition or health problem that could affect your child's participation _____

Allergies to medication, foods, insects, or other _____

Penicillin or other drug reactions _____

If your child is bringing prescription medication on this trip, please complete the sections below.

To be completed by the child's health care provider with prescriptive authority:

Child's Name _____ Birthdate _____

Medication: _____ Dosage: _____ Route _____

Special Instructions _____

Medication: _____ Dosage: _____ Route _____

Special Instructions _____

Signature of person with prescriptive authority _____ Phone # _____ Date _____

To be completed by the parent or guardian:

I hereby give my permission for _____ to take the above medication while on this trip, as ordered by the health care provider. I understand that it is my responsibility to furnish this medication to my child as prescribed.

Signature of Parent or Guardian _____ Date _____

Note: The medication is to be brought and delivered to the Trip Leader in the original container which clearly states the child's name, the health care provider, the name of the medication, date, time, dosage, and route. This form must also be filled completely in order for the medication to be given. This is the Division of Child Care Licensing requirements.

I hereby give consent for him/her to take "over the counter" (non-prescription) medication in accordance with the dosage instructions on the product packaging in case of headache, nausea, fever, cuts, abrasions, etc. while participating on this trip **EXCEPT THE FOLLOWING (OR IF NO PERMISSION IS GRANTED STATE "NONE.")** _____

Signature of Parent or Guardian _____ Date _____

COMPLETE BOTH SIDES

LIABILITY RELEASE (mandatory):

In consideration of my child _____ being permitted to participate in the Student Ministries 2011 Mission Trip, I, the undersigned, in full recognition and appreciation of the risks and hazards of strenuous activities inherent in such a program, hereby understand that the First Presbyterian Church assumes no liability for any injury, harm, or damage done to my child or my property during this program. I understand that my child will be traveling by automobile/bus. While there he/she will be participating in a wide variety of service and recreational type activities which will include, but may not be limited to, working with homeless people in shelters, lifting and working with children. I understand that the First Presbyterian Church will provide supervision for these activities but will not be able to prevent any potential injuries or damage. I hereby acknowledge that I have asked the church representatives any questions that I have about the anticipated activities and risks involved that I have and have familiarized myself with those activities and the risks involved in traveling to another country. Being fully advised, I hereby release the First Presbyterian Church from any liability for any injury, harm, damage related thereto, and understand there are risks to my child and property in my child's involvement in this program.

Signature of parent or guardian _____ Date _____

MEDICAL RELEASE (mandatory):

I hereby give permission for my child to receive general first aid care while on this trip. In case of emergency I understand that a reasonable effort will be made to contact me. If I cannot be reached, I hereby give an agent of First Presbyterian Church the permission to act in my behalf to seek emergency medical treatment for my child in the event that he deems such treatment necessary. I give permission to any licensed physician selected by this agent to administer such emergency treatment as said physician in his/her judgment deems necessary in the circumstances. Further, I represent that I have given the First Presbyterian Church information regarding my child's relevant medical history and background and have identified any and all allergies or other conditions that might impact medical care and food decisions; and hereby absolve First Presbyterian Church, its agents and employees from any and all liability resulting from their conformance with these instructions.

Signature of parent or guardian _____ Date _____

MEDIA RELEASE (optional):

During the course of this Mission Trip sponsored by First Presbyterian Church, photographs may be taken to be used in one or all of the following ways: written Church promotions, advertising, Church web site, and / or audio-visual presentations. Identifying names will not be used. By signing below, you give permission for your child's photo or its likeness to be used in any of the above ways. Thank you for your permission.

Signature of parent or guardian: _____ Date _____