

**First United Methodist Youth Medical Release/Covenant Forms for
Youth Mission Trip July 7-8, 2015**

Name: _____
(Last) (First) (Middle initial)

Date of birth: ___/___/___ Age: ___ Grade ___

Address: _____
(Street) (City) (Zip Code)

Phone Contacts: Home (___)___-___ Work (___)___-___ Cell(___)___-___ Other (___)___-___

Church Name: _____ Church Address _____

Church Phone (___)___-___

Emergency Contact:

Name: _____ Daytime Phone (___)___-___
(Parent, Legal Guardian or Spouse) Evening Phone (___)___-___

Address of above name: _____
(Street) (City) (State) (Zip)

HEALTH FORM

Allergies/special health concerns/needs:

Medication(s) you can **NOT** take: _____

Medication(s) being taken: _____

Special Dietary Needs: _____

Insurance Information

Insurance Company: _____ Phone: (___)___-___

Address: _____
(Street) (City) (State) (Zip)

Policy #: _____ Group # _____

Doctor's Name: _____ Phone: (___)___-___

Address: _____
(Street) (City) (State) (Zip Code)

In the event of an emergency or non-emergency situation in which medical treatment is required as a result of participation with Youth Mission Trip, every reasonable effort will be made to contact the persons listed. If unsuccessful in contacting the persons listed, consent/permission is given for treatment by competent medical personnel.

Further, and unless specified otherwise, consent/permission is hereby given to all accompanying adult volunteer leaders associated with this group to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery (under recommendation of qualified medical personnel). Preference consideration should be given to those adults in attendance with the First United Methodist Church Youth Group

(Over)

I, the undersigned, who by law may do so, authorize the administration of emergency medical treatment to s/he who is the subject of this form. I understand that all reasonable safety precautions will be taken at all times by the First United Methodist Church Youth Leaders liable for any accident, injury or disease incurred by the subject of this form. I understand that in the event that medical intervention is needed every attempt will be made to contact the person(s) listed immediately.

I, the undersigned, also authorize the participation of the subject of this form in all activities relating to the 2015 Mission Trip sponsored by the First United Methodist Church Youth Group. I understand that it is my responsibility to provide any updates to this information to the First United Methodist Church Youth Group Leaders during my/my child's participation throughout my participation.

Signature of Participant (If 18 or older)

Date _____

Signature of Parent/Guardian (if under 18)

Date _____

Participant Behavior Covenant
(*to be signed by both youth and adult participants)

As representative of Christ and His Church, we, the participants in Mission Trip, take very seriously our responsibility to care for one another. This covenant represents our affirmation of our concern and well being of the total community. We covenant with each other to insure the safety of all, to make our time together most meaningful, and to care for the facility which we share.

In addition to our general concern for our community, we agree specifically to:

- I will prayerfully prepare for the Mission Trip
- I will attend all scheduled activities unless otherwise given permission
- I will use language, behavior, and attitudes which are consistent with the Christian Faith.
- I will observe rules and curfew.
- I will not use tobacco products, alcohol, or other illegal substances.
- I will respect the person, equipment and property of others.
- I will encourage others to follow these same rules and guidelines by holding my peers accountable
- I promise when the event is over I will share my experience with others.

This covenant is made between each person and the whole group. In the case of a broken covenant, the group will be represented by the Covenant Advisory Team. I understand that if I break the covenant and if the brokenness can not be reconciled, that I may be sent home.

Signature

Date