

Mission Trip 2021  
Participant Information  
Gilbert, SC  
June 19-27, 2021

**Participant Information:**

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

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

Phone: \_\_\_\_\_ (home/cell) Instagram: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Parents/Guardians

Name: \_\_\_\_\_ Relationship to Youth: \_\_\_\_\_

Address (if different): \_\_\_\_\_

Phone: \_\_\_\_\_ (home/cell/work) Alternate Phone: \_\_\_\_\_ (home/cell/work)

E-Mail: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Youth: \_\_\_\_\_

Address (if different): \_\_\_\_\_

Phone: \_\_\_\_\_ (home/cell/work) Alternate Phone: \_\_\_\_\_ (home/cell/work)

E-Mail: \_\_\_\_\_

Emergency Contacts (in addition to Parents/Guardians)

Name: \_\_\_\_\_

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

Name: \_\_\_\_\_

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

Medical Information:

Please list all known medical conditions:

\_\_\_\_\_  
\_\_\_\_\_

Please list all allergies, including food allergies and allergies to medications:

\_\_\_\_\_  
\_\_\_\_\_

Please describe any limitations to your child's activities:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list all medications regularly taken, including dosage and medical devices used (including implanted medical devices).

\_\_\_\_\_  
\_\_\_\_\_

*Note: It is the policy of North Cape Lutheran Church not to administer either prescription or non-prescription medication to youth under our care. Exceptions may be granted to parents of youth with potentially life-threatening conditions (such as asthma or severe reactions). Parents should address their situation with the Director of Youth and Family Ministry, Mission Trip Director or Pastor. The information we request on this form will be given to medical personnel in case of an emergency.*

Primary Physician:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Dentist:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Primary Insurance:

Company Name: \_\_\_\_\_

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

Phone Number(s): \_\_\_\_\_

Policy Holder's Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

ID # \_\_\_\_\_ Policy/Group Number: \_\_\_\_\_

*Please include a copy of both sides of your insurance card.*

#### Medical Consent

In the event of an emergency or non-emergency situation requiring medical treatment of my child during his/her participation in the North Cape Youth Gathering Trip, I the undersigned parent/guardian of \_\_\_\_\_ (name of participant) give the staff and adult volunteers of North Cape Lutheran Church my consent and authorization for all medical treatment that is deemed necessary by qualified medical personnel for the proper care and treatment of my child, including but not limited to administration of first-aid, use of an ambulance, x-ray examination, administration of anesthesia, surgery, and hospitalization.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

#### Release of Liability

In consideration of the participation of my child \_\_\_\_\_ (name of participant) in the Youth Gathering, I indemnify and hold harmless North Cape Lutheran Church, its owners, agents, associates, and staff from any and all liability, claims, damage, injury or illness sustained by my child.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

#### Agreement to Policies and Procedures

I \_\_\_\_\_ (name) agree to fulfill the requirements of the North Cape Lutheran Church Youth Fundraising Covenant and model my behavior in all activities and events according to the North Cape Lutheran Church Youth Behavioral Covenant.

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_