

MEDICAL INFO FORM 2018

YOUTH SUMMER MISSION TRIP

Barrington UMC • First UMC West Dundee
El Mesias UMC • Trinity UMC • Bethel NFC



Medical Information / Permission For Treatment

Church Name _____ City/State _____

Participant _____ Birthdate _____

Address _____

City/State/Zip Code _____

Parent 1 Name _____ Cell Phone (_____) _____

Address _____ Other Phone (_____) _____

Parent 2 Name _____ Cell Phone (_____) _____

Address _____ Other Phone (_____) _____

Emergency Contact (Relative, Neighbor, Friend) in case parents cannot be reached:

Name _____ Phone (_____) _____

Allergies or Medical Conditions we should be aware of:

___ asthma ___ diabetes ___ fainting spells ___ insect stings ___ epilepsy

___ allergies (describe below) ___ reaction to medications (describe below)

___ other (describe below)

___ current medications (reason, name, dosage - describe details below or on back of page)

Other Conditions or Special Needs:

Please note: The Summer Missions Team will dispense medicine, if needed. Many students are capable of taking their meds independently. Please let us know your preference.

My child _____ has my permission to attend the Youth Summer Mission trip to _____ including all trips to project locations associated with this ministry. In the case of a medical emergency, I understand that every effort will be made to contact the parent(s) or guardian(s) of the participant. In the event that neither I, nor the emergency contact person listed above, can be located, I hereby give permission for the Summer Missions Adult Team to select a physician, to hospitalize, to secure proper treatment for, and to order injection, anesthesia or surgery for my child listed above. This information will be required in the event that the participant listed above is taken for medical treatment. I release the following from any liability in the event of an accident or injury en route to, during and/or returning from Youth Summer Missions trip activities, both work and recreational related: Barrington UMC, First UMC of West Dundee, El Mesias UMC, Trinity UMC and all staff persons connected within, all adult leaders, chaperones, churches.

Parent(s)/Guardian(s) Signature _____ Date _____

Parent(s)/Guardian(s) Signature _____ Date _____

INSURANCE INFORMATION (please enclose a copy of the insurance card – both sides)

Company Name _____ Policy Number _____

Policy Holder _____

Other insurance information _____

COVENANT FORM 2018

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Covenant of Participation

I am committed to making the Youth Summer Mission Trip a meaningful experience for all participants. I recognize that I am a representative of the Christian Community and I am responsible for my actions. I understand that by signing this Covenant, I agree to abide by the following guidelines:

I Shall:

- ☺ Recognize that everyone in the youth group is a part of the body of Christ. I will embrace inclusiveness by making sure that everyone feels welcome and important.
- ☺ Respect the physical and emotional well-being of other youth and adults by “doing unto them as I would have them do unto me.” (This includes refraining from harsh play or violence, refraining from harmful jokes, respecting the need for sleep, etc.)
- ☺ Respect the health of my own body by refraining from the use of tobacco, alcohol, and illegal drugs. I understand that the use of these substances is absolutely prohibited.
- ☺ Respect the things I use and the property of places I visit. The areas used for all events, including transportation, shall be left clean and not autographed.
- ☺ Participate fully in all scheduled group activities and abide by additional group guidelines. Being totally present includes not using cell phones or ipods during scheduled group time.
- ☺ Act appropriately with all members of the group and observe appropriate boundaries. I will not visit sleeping areas designated for people of a different gender.
- ☺ Follow all instructions given by youth group leaders and chaperones. (This does not mean an instruction may not be politely questioned if it seems unreasonable.)
- ☺ Stay within the group or assigned sub-group at all times. I will not wander off alone or leave the activity site unless granted permission by an adult, and I will report for all designated check-in times.
- ☺ Hold safety in the highest regard and refrain from compromising my own safety or another’s safety.
- ☺ Provide a trusting environment for my peers. When someone shares something about themselves in a group discussion, I will not repeat that information to others outside of the group.

Guidelines for Consequences:

Consequences will focus on restoring peace with reconciliation among the parties involved. The goal of resolving each problem will be growth and learning through repentance and forgiveness. Any problems encountered will be handled within the group and by the adult leaders to the extent that this is possible. However, should a situation persist or become uncontrollable, the parent/guardian will be contacted and informed of the problem. Should the situation be urgent, the parent/guardian will be contacted immediately and will be responsible for picking up the youth from the trip or purchasing the airfare for the student to return home.

Youth and Parent/Guardian Signature:

In signing this covenant, I vow that I have read and understand these guidelines. I recognize that a covenant is a binding promise, and my signature is testimony that I agree to adhere to the provisions of this covenant.

Signature of Youth _____ Date _____

Signature of Parent/Guardian _____ Date _____

PHOTO RELEASE FORM 2018

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Photo Release Form

During the Youth Summer Mission trip, the Summer Missions Team will be taking photos of most participants at the work sites and at camp during recreational times and evening programs. These photos could be used in future Youth Missions publications such as newsletters, brochures, multimedia presentations, church web sites, Facebook, and other materials. By signing below, you are giving the Summer Missions Team permission to take photos of your child for the purposes stated above and that you do not expect, nor require, any financial remuneration for the use of such photos now or in the future.

Please print: Name of Youth Participant

Signature of Youth Participant

Please print: Name(s) of Parent(s) or Legal Guardian(s)

Signature of Parent(s) or Legal Guardian(s)

Name of Church