

LIVING FAITH BAPTIST CHURCH

**Travel, International Travel, Medical Release/Permission to Treat &
Registration Form**

Youth Mission Trip

LIVING FAITH BAPTIST CHURCH

Travel, International Travel, Medical Release/Permission to Treat & Registration Form

Please Print Legibly in Black Ink Only

Event: _____

Personal Information:

Name: _____ Sex: _____M_____F Birth Date____/____/____ Age: _____

Address: _____ City: _____ State: ____ Zip: _____

Home Phone: () _____-_____ SS # (optional): _____

Email Address: _____

Emergency Contact Information:

Parent/Guardian: _____

Home Phone: () _____-_____ Work Phone: () _____-_____

Secondary Contact: _____ Relationship: _____

Home Phone: () _____-_____ Work Phone: () _____-_____

Insurance Information:

*Attach a copy of your insurance card to this form.

Insurance Co: _____ Group #: _____ Policy #: _____

Cardholder: _____ Relationship to Cardholder: _____

Insurance Co. Address: _____

Insurance Co. Phone: () _____-_____

Personal Medical Information:

Physician's Name: _____ Phone: () _____-_____

Physical limitations (Asthma, diabetes, allergies, etc.) and/or Special Instructions (Allergic to certain meds, rare blood type, wears contact lenses, etc.):

Date of your last Tetanus Shot: _____

List ALL medication taken on a regular basis and/or any brought with you. (Prescription meds MUST have a pharmacy label and name of doctor.)

List all operations/serious injuries and dates within the past five (5) years:

Student Medical/Surgical Waiver

To be completed by parents or legal guardians for participants less than 18 years of age, OR participants 18 and over must complete this portion themselves: I, _____ the parent/legal guardian of _____ a minor, hereby acknowledge that said minor is under my care, custody, and control. I hereby give my child, the said minor, and my express permission to attend the LFBC Event.

The Health History is correct so far as I know, and the person herein described has permission to engage in all prescribed activities except as noted.

Emergency Authorization—I hereby give permission to medical personnel selected by the participant's Church sponsor/his designee or camp staff to order X-rays, routine tests, and treatment for minor/myself. In the event of an emergency and neither my primary contact nor secondary can be reached, I hereby give permission to the physician selected by the Authorized Agent to hospitalize, secure proper treatment, order injections and/or anesthesia and/or surgery to minor/myself as named above.

I further authorize the release of the above medical information to appropriate medical personnel and/or the health coverage insurance company. In addition, I have, and do hereby, release, acquit, discharge, and covenant to hold harmless the Living Faith Baptist Church personnel, the Student and Discipleship Ministries Department, the Illinois Baptist State Association, or its representatives, or the school sponsors, or the on-site missionary upon whose facilities the event is being conducted, from any and all actions, damages, liabilities arising from treatment of any sickness or accident incurred by minor/myself.

I understand that if I do not have medical insurance, I, as the parent or guardian, will be responsible for any medical expenses in the event of a sickness and/or injury.

I understand that there are risks involved in taking place in recreation activities and other activities related to participation in youth functions.

Signature of Parent/Guardian _____ **Date** _____

International Travel Waiver (If Applicable)

I, _____ the legal guardian(s) of _____ give consent for the afore mentioned minor to travel with Living Faith Baptist Church and to cross the international borders of _____ between the dates of _____.

Signature of Parent/Guardian _____ **Date** _____

Signature of Parent/Guardian _____ **Date** _____

Video, Motion Picture, and Private Distribution Release

I hereby irrevocably agree and consent that the Living Faith Baptist Church and its assigns may use all or part of a videotaped interview, photo, or video footage of minor/myself for the project of **Event/Trip—DVD, CD, and/or Internet Download**.

You have the right to use the minor/my picture, silhouette, and other reproductions of my likeness and voice in connection with any motion picture, video, and/or television program in which this interview may be incorporated, and in any advertising material promoting it. You may edit the minor/my appearance as you see fit. You shall have all right, title, and interest in any and all results and proceeds from said use or appearance.

The right granted you are personal, worldwide, and include the use of this interview in any medium (all or part of the program may be shown) including broadcast, cable, and satellite television, and videocassettes/DVD/CD's. You are not obliged to make any use of this interview or exercise any of the rights granted you by this release. I have read and understand the meaning of this release.

Signature of Parent/Guardian _____ **Date** _____

Conduct Agreement

As a member of the Mission Team, I agree to work cooperatively with the leadership of the Mission Team and with my fellow team members. I am in good health and will be able to meet any physical challenges which may arise in the course of the trip. I agree to be flexible in working with others and to make changes as needed. I agree to be sensitive to the cultural differences that will arise in our area of service. I agree to display Christ like character and to show Christ's love in all situations during the course of this mission opportunity. I agree not to partake in any alcoholic drink, tobacco products, illegal drugs, or pornography. Most importantly, I agree to go with a servant's spirit, seeking to honor Christ in all that I say or do. Any direct violation of the conduct agreement will result in discipline; including in some instances, being sent home at my expense.

I, the parent, also give authority and permission to the Event/Trip Staff to inspect my student's room and belongings that are on facilities for the safety and protection of all Event/Trip participants if unusual circumstances make such an inspection necessary. I, the parent, understand that my son/daughter will be dismissed from the Event/Trip and be sent home at my expense if he/she does not adhere to the rules.

Student Signature: _____

Signature of Parent/Guardian _____ **Date** _____

The following should be completed by the notary witnessing parent/guardian's signature.

The State of _____ the County of _____ before me, a Notary Public, on this day personally appeared _____ known to me (or proved to me on the oath of _____) to be the person whose name is subscribed to the foregoing instrument and Acknowledged to me that he executed the same for the purpose and consideration therein expressed. Given under my hand and the seal of the office this _____ day of _____, A.D. _____.

Notary Public, Signature _____

My commission expires the _____ day of _____, A.D. _____.