

2016 Mission Trip Medical/Liability Form

Date(s) of Trip/Retreat: July 10-16, 2016

Participant Information

Name: _____

Date of birth: _____ Gender: _____

Emergency Contacts

Primary contact: _____ Relation to participant: _____

Daytime phone: _____ Evening phone: _____

Secondary contact: _____ Relation to participant: _____

Daytime phone: _____ Evening phone: _____

Insurance Information *(please attach photocopy of insurance card, front and back)*

Insurance company: _____

Plan/policy numbers (indicate which, provide all that apply): _____

Insurance company phone: _____

Policy holder: _____ Policy holder's phone: _____

Health information

List any medical conditions: _____

Medications participant is/will be taking during trip: _____

Food/drug allergies: _____

Dietary restrictions: _____

Physician's Name: _____ Phone: _____

Trip Participation/Medical Treatment Consent and Liability Release (Parent/Guardian Signature Required)

I consent to examination and treatment of my child by a qualified physician and/or hospital emergency room. I also understand that neither Prince of Peace Lutheran Church nor anyone connected with Prince of Peace Lutheran Church will assume any responsibility for accidents or sickness incurred by my child while on this trip. I agree to assume sole responsibility for payment of any and all medical, dental, or other expenses incurred as a result of such sickness and/or injury. Should it be necessary for my child to return home due to medical reasons or otherwise, I shall assume all transportation costs.

I give my permission for my child to participate in all activities associated with the 2016 Mission Trip to Milwaukee, WI. I give permission for my child to travel with Prince of Peace Lutheran Church and the trip's designated adult leaders during this time. I agree not to hold Prince of Peace Lutheran Church (Appleton, WI), its pastors, officers, employees or other volunteers liable for any injury, loss, damage or accident that I might encounter on the 2016 mission trip to Milwaukee. I unconditionally agree to hold Prince of Peace Lutheran Church (Appleton, WI), its pastors, officers, employees, and all other associates/volunteers blameless for any liability concerning my/my child's personal health and well being or any liability for my/my child's personal property that might be lost, damaged or stolen while on said trip.

Parent/guardian signature: _____ Date: _____

Print name: _____

THIS FORM IS DUE BY SUNDAY MAY 15