

First Presbyterian Church of Conroe

Title: Medical Information & Release Form for Youth Mission Trip (F-230401)

The First Presbyterian Church of Conroe (FPCC) policy regarding this form is given in the church's Operations Policy Statement 23.04. FPCC requires the completion of this form for person's less than twenty-one years of age who participate in a mission trip.

Trip Information

Destination of trip (address) \_\_\_\_\_
Date of departure \_\_\_\_\_ Date of return \_\_\_\_\_
Name of Trip Leader \_\_\_\_\_ Cell \_\_\_\_\_

Participant Information (please print)

Name: \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
Person(s) to contact in case of emergency \_\_\_\_\_
Relationship \_\_\_\_\_
Home Phone (\_\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_\_) \_\_\_\_\_
Cell (\_\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_
Family Physician \_\_\_\_\_ Phone (s) \_\_\_\_\_
Family Dentist \_\_\_\_\_ Phone (s) \_\_\_\_\_
Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

MEDICAL HISTORY

General Health: \_\_\_\_\_
Limitations: \_\_\_\_\_
Any history of the following: trick knee \_\_\_ weak ankles \_\_\_ bad back \_\_\_ other \_\_\_\_\_
Are you subject to: diabetes \_\_\_ epilepsy \_\_\_ heart disease \_\_\_ hypertension \_\_\_ other \_\_\_\_\_
Appendix removed? \_\_\_\_\_ Tetanus shot updated? \_\_\_\_\_ Asthma? \_\_\_\_\_
Current medications: \_\_\_\_\_
Allergies (food, drugs, other): \_\_\_\_\_
Medications used to treat allergies: \_\_\_\_\_
Medical treatment received in the past year: \_\_\_\_\_
Have you had or been exposed to any contagious disease in the past six months? \_\_\_\_\_
If yes, what? \_\_\_\_\_
Any special diet requirement? \_\_\_\_\_

Permission and Release

We (I) grant our (my) permission to the FPCC to obtain necessary medical attention in case of sickness or injury, as well as supervision rights to above named Trip Leader of the FPCC. We (I), the undersigned, do hereby verify that the above information is correct. We (I) do hereby release and forever discharge all sponsors at the FPCC from any and all claims, demands, action, or cause of action, past, present, or future arising out of any damage or injury while employed by or participating in any activity. The application date for this form is \_\_\_\_\_.

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

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

Agreement to Allow Trip Leader to Dispense Over the Counter Medications and Provide First Aid

A physician may not be on location at the mission trip site. By signing below, we (I) give permission for the Trip Leader to give our (my) child over the counter medication (for fever, colds, diarrhea, etc.) and First Aid treatment. By not signing below, we (I) indicate refusal of this consent.

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