

Jr. High Mission Trip 2012

St. Paul, MN

June 17 – 22, 2012

Must register by January 18, 2012
\$100 **Non refundable** deposit due now
\$260 Total Cost (due later)

To be fully registered you must have:

- *Signed Parental Permission Form
- *Signed Covenant
- *Health Form

Please note, if your child can take ibuprofen or Tylenol please indicate that on the health form.

Turn in signed release form and check/money (checks written to Calvary) to the "Drop Box"

Talk to Melanie for more info.

763.231.2972 or mracer@calvary.org

(cut here and submit release form with check)-----

Parental Permission Release

Calvary Lutheran Church: 7520 Golden Valley Rd. Golden Valley, MN. 55427

I understand my child has been invited to attend the following event sponsored by Calvary:

Jr. High Mission Trip – St. Paul, MN.

Date _____

Amount _____

Check # _____

I agree with the conditions detailed on the back of this form and hereby grant permission for my child to attend the above event.

Parent Signature _____ Date ____ / ____ / ____

Youth's Name _____ Birthday ____ / ____ / ____
Last First M.I.

Parent/Guardian _____ Phone (H) _____

Phone (W) _____ Phone (C) _____

Address _____
Street City Zip

Parent Email Address _____

Emergency Contact _____ Phone (H) _____

Phone (W) _____ Phone (C) _____

Medical Insurance Carrier _____ Policy # _____

(Conditions below)

I (We) acknowledge that participation in any and all Calvary programs or events is voluntary and may involve activities that require traveling or physical exertion. We agree to the following conditions for participation in the ministries of Calvary Lutheran Church of Golden Valley, MN.

- ◆ Calvary is not responsible for the loss or theft of personal belongings.
- ◆ Misconduct may result in the transportation home of my child from an activity at the parent/guardian's expense. A participant sent home for disciplinary reasons will NOT receive a refund of the activity fee.
- ◆ Participation in Calvary Youth Ministry events or programs is a privilege, this privilege may be denied by a Calvary staff when, in their opinion, participation of the youth is disruptive and not keeping with the mission of Calvary.
- ◆ I understand that my child may be photographed and/or filmed and his/her image may be used in video presentations, printed publications, or on Calvary's website. Your child's name will not be published.
- ◆ I hereby take the following action for my child, myself, my executors, administrators, heirs, next of kin, successors and assigns: A) I waive, release and discharge from any and all claims or liabilities for death or personal injury damages of any kind, which arise out of or relate to my child's participation in the events and programs of Calvary Lutheran Church of Golden Valley, the following person, or entities: Calvary Lutheran Church of Golden Valley, MN, its Senior Pastor and Associate Pastors, staff, employees, members, volunteers, representatives, subcontractors and agents of any of the above; B) I agree not to sue any of the persons or entities mentioned above for any claims or liabilities that I have waived, released or discharged herein; and C) I indemnify and hold harmless the person or entities mentioned above from any claims made or liabilities assessed against them as a result of my child's participation in Calvary related activities. I hereby assume the risk of my child participating in all Calvary Lutheran Church ministry activities or programs.
- ◆ I agree to indemnify and hold harmless the person or entities mentioned above for any claims or liabilities assessed against them as a result of any insufficiency of my legal capacity or authority to act for and on behalf of the minor in the execution of the release.
- ◆ I hereby authorize any licensed physician, emergency medical technician, hospital or other medical or health care facility to treat the minor named herein for the purpose of attempting to treat or relieve any injury received by said minor. I authorize any such Medical Provider to perform all procedures deemed medically advisable in attempting to treat or relieve any such injuries. I consent to the administration of the anesthesia as deemed advisable. I realize and appreciate that there is a possibility of complications and unforeseen consequences in any medical treatment, and assume any such risk for and on behalf of myself and said minor. I understand that attempts will be made to contact me in the most expeditious way possible. Permission is also granted to Calvary Lutheran Church representative to provide needed emergency treatment to the student prior to his/her admission to a medical facility.

Jr. High Mission Trip Covenant 2012

Please carefully read through this covenant, if you understand and agree to what is written please sign and date it.

A signed covenant is required to register for the trip.

- As a participant of the Jr. High Mission Trip 2012 I understand that Calvary Lutheran Church is subsidizing part of the cost of the trip.
- As a participant of the Jr. High Mission Trip 2012 I commit to helping at Golden Valley Days Breakfast 2012 on either Friday, May 19 or Saturday May 20. I understand that I will not be paid as an individual rather the money made from the Golden Valley Days Breakfast will go towards Calvary Lutheran Church subsidizing part of the cost of the trip for myself.
- As a participant of the Jr. High Mission Trip 2012 I commit to making all of the pre trip gatherings and bible studies to the best of my ability.
 - Sunday, February 12: 11:15 a.m.- 12:15 p.m. in the Student Underground, Pizza Party bring \$3*
 - Sunday, March 25: 11:15 a.m.- 12:15 p.m. in the Student Underground, Bible Study # 1*
 - Sunday, May 6: 11:15 a.m.- 12:15 p.m. in the Student Underground, Bible Study # 2*
 - Sunday, June 3: 12:15p.m.- 1:15 p.m. in Calvary Park, Family Pot Luck.*
- As a participant of the Jr. High Mission Trip 2012 I understand that I can be sent home by Melanie Racer if I put another participant in danger, if I intentionally hurt another participant, if I use drugs or alcohol or if I do anything else that Melanie feels jeopardizes my trip or the other participants. If I do get sent home, it will be at my parents' expense.
- As a participant of the Jr. High Mission Trip 2012 I will leave my cell phone, I-pod and any hand held gaming device at home so I can be fully engaged in the week and everything God has in store for me.
- As a participant of the Jr. High Mission Trip 2012 I understand that I can not go home for any reason such as a soccer game or to sleep at night even though we are only 15 miles from Calvary Lutheran Church.

Participant Signature

Date

Parent/Guardian Signature

Date

Form J

Health History

Calvary Lutheran Church of Golden Valley, 7520 Golden Valley Road, Golden Valley, MN 55427

Personal information:

Student name: _____

(Last Name) (First Name)

M/F _____ Age _____ Birth Date: _____

Home address: _____

City, State, Zip: _____

Emergency Contact Information:

Name of family member not on trip:

(last) (first)
Phone: (H) _____ (W) _____

(C) _____

Doctor: _____ Phone: _____

Dentist: _____ Phone: _____

Insurance:

Custodial Parent(s) or Guardian of student is financially responsible for healthcare provided by Calvary.

Carrier Name: _____ Group Policy # _____

It is essential to send a copy (front and back) of insurance card for camper with this document.

Medications:

Student Prescription Medications (must be in original container with doctor's signature).

Any allergies (including medication) or special dietary needs?

Specific Necessary OTC Medications:
Medication Name Dosage Time Taken Reason for Medication

Note: All medications on a parent/child trip are to be held by parent/guardian attending and given by same adult to the child.

Parental Authorization:

My child has permission to engage in all activities, except as noted:

I authorize Calvary to provide routine healthcare, administer prescribed medications and over the counter medication per Calvary standing orders. In the event that I cannot be reached in an emergency, I give permission to transport my child by Calvary vehicle or local ambulance and for the physician selected by Calvary to secure proper treatment for, to hospitalize, and to order injection, anesthesia or surgery for my child as named on this form. I also authorize Calvary to contact Custodial Parent(s) or Guardian in the event of serious injury, severe illness or other incident involving my child. The authority for this decision is with the Healthcare Staff and Calvary personnel.

I hereby certify that the information contained within this Health History document is, as of this date, accurate and complete.

I agree with the conditions detailed on the back of this form and hereby grant permission for my child to attend the above event.

Custodial Parent or Guardian: _____ Date: _____

****Registrations without this signature cannot be accepted****

Form J Health History/ Conditions

I (We) acknowledge that participation in any and all Calvary programs or events is voluntary and may involve activities that require traveling or physical exertion. We agree to the following conditions for participation in the ministries of Calvary Lutheran Church of Golden Valley, MN.

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- ◆ I hereby take the following action for my child, myself, my executors, administrators, heirs, next of kin, successors and assigns: A) I waive, release and discharge from any and all claims or liabilities for death or personal injury damages of any kind, which arise out of or relate to my child's participation in the events and programs of Calvary Lutheran Church of Golden Valley, the following person, or entities: Calvary Lutheran Church of Golden Valley, MN, its Senior Pastor and Associate Pastors, staff, employees, members, volunteers, representatives, subcontractors and agents of any of the above; B) I agree not to sue any of the persons or entities mentioned above for any claims or liabilities that I have waived, released or discharged herein; and C) I indemnify and hold harmless the person or entities mentioned above from any claims made or liabilities assessed against them as a result of my child's participation in Calvary related activities. I hereby assume the risk of my child participating in all Calvary Lutheran Church ministry activities or programs.
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Form H Medication Administration Record

Calvary Lutheran Church of Golden Valley, 7520 Golden Valley Road, Golden Valley, MN 55427

I, _____, give permission for Calvary Lutheran Church to

Parent

give _____ the following medication.

Full First & Last Name

Medication: _____ Amount/Dose: _____

Time of Dose/Frequency: _____

Reason for Medication: _____

Possible Side Effects: _____

Food Allergy Action Plan

Allergy To: _____

Student's name _____ Date of Birth _____

Asthmatic Yes* _____ No _____ * High risk for severe reaction

Signs of an Allergic Reaction

Systems: Symptoms:

Mouth itching & swelling of the lips, tongue, or mouth

Throat* itching and/or a sense of tightness in the throat

hoarseness and hacking cough

Skin hives, itchy rash, and/or swelling about the face

or extremities

Gut nausea, abdominal cramps, vomiting, and/or diarrhea

Lung* shortness of breath, repetitive coughing, and/or

wheezing

Heart* "thready" pulse, "passing-out"

The severity of symptoms can quickly change.

****All above symptoms can potentially progress to a life-threatening situation.***

Action for Major Reaction

1. If ingestion is suspected and/or symptom(s) are: _____

Give _____ IMMEDIATELY!

Medication/dose/route

Then call:

2. Rescue Squad 9-1-1

3. Mother _____, Father _____ or emergency contacts.

4. Dr. _____ at _____.