

**Youth Mission Trip to Little Rock, Arkansas**  
**a service trip of St. Michael's Lutheran Church**  
**June 15 – June 22 2019**

Name of Youth: \_\_\_\_\_  
*please print first middle(s) last(s)*

Gender: \_\_\_\_\_ Birthdate: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Grade in 2018-2019: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Youth e-mail: \_\_\_\_\_

Youth school: \_\_\_\_\_

Youth cell phone: \_\_\_\_\_

.....  
Parent/Guardian: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_  
*Daytime Evening Cell*

Parent/Guardian: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_  
*Daytime Evening Cell*

Additional Emergency Contact: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_  
*Daytime Evening Cell*

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**HEALTH & MEDICAL INFORMATION FORM**

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
*print* *mo/day/year*

Address: \_\_\_\_\_ City: \_\_\_\_\_

**Insurance & Medical Care**

Is the youth covered by health insurance: Yes / No Primary Policy Holder: \_\_\_\_\_

Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

Name of family physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of family dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

**Allergies**

Does the youth have any allergies: Yes / No (circle one)

Please list and describe allergies/reactions/management: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Medications**

Will your child need medications during the youth event/activity? Yes / No (circle one)

If yes, please list and describe (over the counter or prescription) Attach additional sheet if necessary: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Additional information**

Please list any medical conditions, physical or learning challenges, any emotional or behavioral concerns, and strategies for better engaging the youth, and or/any other relevant information:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Tetanus Information** *(as we will be carrying out work various work projects)*

Is the youth current on tetanus shot or booster is essential (within past 10 yrs.)? Yes / No

Last tetanus shot/booster: \_\_\_\_\_

**Swimming Ability** \_\_\_\_\_ Excellent \_\_\_\_\_ Moderate \_\_\_\_\_ Poor \_\_\_\_\_ Non-Swimmer

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**HEALTH & MEDICAL INFORMATION FORM (cont.)**

**Parent/Guardian Authorization**

All information on this form is complete and correct to the best of my knowledge. I accept full responsibility for discerning my child's need for an examination by a physician. My child has permission to participate in this event/activity.

1. In the event that my child needs immediate medical attention for injuries received while participating in any and all youth events and activities, I authorize the staff to give my child reasonable first aid, and to arrange transportation of my child to a healthcare facility as needed. If I cannot be reached, I hereby give permission to the physician selected by staff present to hospitalize, secure proper treatment for, to order injection, anesthesia, or surgery for my child as named on this form.
2. I agree to the release of any records necessary for treatment, referral, billing or insurance purposes. Information received may need to be shared with medical providers.
3. My child has permission to be transported as needed for field trips, inclement weather, drop-off or pick-up. I also give permission for my child to participate in walking tours and field trips.
4. If my child requires the use and administration of an epi-pen, it is my responsibility to ensure that the epi-pen is on my child or in their personal belongings. If staff is required to administer and use the epi-pen, I agree to forever release and discharge the staff from liability arising out of or resulting from use or administration of the epi-pen.
5. I voluntarily waive any claim against the sponsoring organizations/congregations and volunteers.

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

*Parent/Guardian Signature*

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**St. Michael's Youth Covenant**

*Together we will be addressing best ways to live, work, and serve together. However, we ask all youth to agree to the following as part of our shared covenant for this week-long Mission Trip.*

As a member of St. Michael's youth mission trip, I understand my actions have an effect on me, St. Michael's, the members of my youth group and the organizations that we are partnering with including Ferncliff Camp. Therefore, by signing this form, I commit my actions to conform to the following standards of conduct:

**Standards of Behavior**

Expected standards of conduct: It is impossible to list all forms of acceptable behavior, but the following is a partial list of conduct expected.

- A. Conduct yourself in ways consistent with St. Michael's values.
- B. Treat others with respect, dignity, and impartiality.
- C. Treat every adult as a leader.
- D. Adhere to safety, security, and health rules.
- E. Wear appropriate clothing.
- F. Drugs/paraphernalia, alcohol, or tobacco in any form will not be in my possession and will not be used by me any time during the mission trip.
- G. I will not engage in sexual conduct.
- H. Youth of all genders will respect each other's rooms and sleeping quarters.
- I. I will commit to actively participate in all activities provided and comply with event schedules.
- J. It is very important that I am on time to all activities and scheduled events.

**Parent/ Guardian:**

I understand that if my child does not act in accordance with the Youth Covenant, her/his/their participation in this mission trip may be terminated early, and I will be expected to cover any expense incurred by St. Michael's Lutheran Church in transporting my child home.

**Youth Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent / Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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**Media Release**

I, the parent/legal guardian of, \_\_\_\_\_,  
grant my expressed permission for St. Michael's Lutheran Church and their partner  
congregations and organizations on the Youth Mission Trip to exhibit photographs or likenesses  
of the above-named student. These photographs for images may be used in materials such as  
church publications, Press/media releases (newspaper articles/features, fundraising brochures,  
advertising, etc.), Social media (including Facebook, Twitter, Instagram blogs, etc.), St. Michael's  
Lutheran Church website.

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

Youth Name: \_\_\_\_\_

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**This is Me...**

On this trip the youth group from St. Michael's will be working together closely and participating in service projects, education learning experiences, and community engagement.

As we look at setting up service projects, teams, and various groups, it is our hope that youth will be able to connect, support, and learn from one another.

Please take a few minutes to fill out this personal information, we will then continue work in planning teams for the upcoming event...and hopefully have some fun with games and activities incorporating some of this information.

Name: \_\_\_\_\_

Kind(s) of music/movies I like: \_\_\_\_\_

\_\_\_\_\_

Favorite activities (sports, music, performance, clubs, hobbies, computers, etc.): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Favorite foods: \_\_\_\_\_

\_\_\_\_\_

Favorite TV show: \_\_\_\_\_

My friends would describe me as: \_\_\_\_\_

\_\_\_\_\_

My parents would describe me as: \_\_\_\_\_

\_\_\_\_\_

**When it comes to work/projects:**

\_\_\_ the dirtier the better \_\_\_ dirt is fine, but moderation please \_\_\_ let's stay clean

\_\_\_ I love to work \_\_\_ Work is fine \_\_\_ give me a cushy job \_\_\_ Did someone say work? ☹

\_\_\_ All about painting \_\_\_ Give me a hammer \_\_\_ Love to teach kids \_\_\_ I can handle a broom

\_\_\_ Love to work in groups \_\_\_ I like time with others and alone \_\_\_ Lots of alone time please