

Senior High Mission Trip 2017

_____ (Student's name) has my permission to travel with our group to Clarkesville, GA.
We will be traveling by charter bus. The dates of travel are: July 16h – July 21nd, 20167

So that we have no misunderstanding before we depart, please read and sign the attached forms.

To all participants:

1. Your demeanor, attitude, appearance, dress and behavior shall be indicative of the fact that we are a church group **and ambassadors of First Presbyterian Church.**
2. If you bring, obtain, or consume any illegal drugs, alcohol or tobacco, your trip is over at the next bus station or airport. All bags are subject to random searches. No questions, no excuses, no threats -- just fact!!! **Violation of this rule could jeopardize future travel and/or college scholarships with First Presbyterian Church.**
3. There will be curfews and each person will be expected to stay in their assigned rooms. **Boys are not to go in girls rooms and vice versa.**
4. Each person is expected to respect the property and belongings of others.
5. We can't list every potential offense. So use common sense when deciding your actions. The final word on all disciplinary actions taken will lie with the chaperones.

Financial Responsibility

I accept the financial responsibility of any damage caused by my son/daughter if it is determined the damage was caused maliciously or intentionally, or as a result of disobeying the rules of the trip.

I hereby agree that the participant will abide by the rules and regulations stipulated by First Presbyterian Church. If said participant does not abide by said rules and regulations, I agree to pay all costs necessary to transport participant home.

Participant's signature _____

Guardian's signature _____

Mission Trip Medical Release

I, _____ the undersigned, affirm that the participant, _____ has permission to participate on our trip.

I hereby release First Presbyterian Church, its staff and chaperones from any and all claims, judgments, costs of expenses arising out of injuries or harm which may be incurred by participant while traveling on this trip.

If during this trip it is the opinion of the staff or chaperones to seek medical/hospital consultation or treatment of a participant, I hereby authorize such consultation/treatment as deemed necessary. I authorize the medical provider to directly bill our insurer.

Guardian(s) Signature / Date

Please list any medications your student takes, both over-the-counter and prescription and why they take them.

Please list any allergies to medicines and/or foods your student has.

Are there any health issues you need to let us know about that would be helpful to the chaperones?

Name of Insurance Company: _____

Name of Employer: _____

Policy Number: _____
(Please provide us 2 copies of your child's insurance card)

EMERGENCY INFORMATION

Name of Participant _____

Address: _____

Home Ph.#: _____ **Mom's Cell #** _____ **Dad's Cell #** _____

Father's Name: _____ **Work Number:** _____

Mother's Name: _____ **Work Number:** _____

ADDITIONAL EMERGENCY PARTY:

Name _____ **Phone:** _____

Relationship: _____

Parent's Alternative Address/Phone

Parent: If you know that you will be out of town during any portion of the Mission Trip, please indicate below the phone number and address at which you can be reached should an emergency arise.

Name of Guardian: _____

Date(s) during which you will be at address below: _____

Address: _____

Phone(s): _____

Consent to Photograph, Video, Audio Recording, and Release to media

I authorize **First Presbyterian Church of Ft. Lauderdale Florida, Inc.** and its agents and various media outlets, collectively called “the church” to use photographs, videos, and audio recordings, of my student as it relates to news, advertising/marketing, and public relations for the church.

Print name of student: (first and last)

I understand that the releasing of this information is being carried out with my consent and permission, that “the church” will own the images and recorded sounds, and I release “the church” from any and all liability to anyone as a result of the use of the images and/or sound for news, advertising/marketing, and public relations purposes. I understand that this release shall be governed by Florida law.

Signed by Parent or Guardian _____

Print Name: Parent or Guardian _____

Date: _____

Identifiers (clothing, color, etc.): _____