

# Holmes Baptist Association Mission Trip 2024

## Universal Permission Form

Effective Dates: July 13-20, 2024

### YOUTH INFORMATION

Name \_\_\_\_\_ Grade \_\_\_\_\_ DOB \_\_\_\_\_ Male/Female (circle one)

Nickname \_\_\_\_\_

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

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

Youth Email: \_\_\_\_\_

Youth Home Phone \_\_\_\_\_ Youth Cell Phone \_\_\_\_\_

### PARENT/GUARDIAN INFORMATION

Name(s) \_\_\_\_\_

Address \_\_\_\_\_

Email(s) \_\_\_\_\_

List all phone numbers where the parent/guardian can be reached (type: i.e., home, cell)

Name \_\_\_\_\_ # \_\_\_\_\_ Type? \_\_\_\_\_

Name \_\_\_\_\_ # \_\_\_\_\_ Type? \_\_\_\_\_

Name \_\_\_\_\_ # \_\_\_\_\_ Type? \_\_\_\_\_

Name \_\_\_\_\_ # \_\_\_\_\_ Type? \_\_\_\_\_

### EMERGENCY CONTACT

Name \_\_\_\_\_ # \_\_\_\_\_ Relation? \_\_\_\_\_

Name \_\_\_\_\_ # \_\_\_\_\_ Relation? \_\_\_\_\_

### PARENTAL CONSENT

The undersigned does hereby give permission for my child \_\_\_\_\_ (child's name) ("Participant"), to attend and participate in summer mission trip from July 13-20, 2024.

**LIABILITY RELEASE:** In consideration of Holmes Baptist Association allowing the Participant to participate in the summer mission trip, I the undersigned, do hereby release, forever discharge and agree to hold harmless Holmes Baptist Association, its pastors, directors, employees, volunteers and teachers (collectively herein the "Association") from any and all liability, claims or demands for accidental personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the Participant while involved in the mission trip activities. I, the parent, or legal guardian of this Participant, hereby grants my permission for the Participant to participate fully in mission trip activities. Furthermore, I, on behalf of my minor Participant, hereby assume all risk of accidental personal injury, sickness, death, damage, and expense as a result of participation in recreation and work activities involved therein. The undersigned further hereby agrees to hold harmless and indemnify said Association for any liability sustained by said Association as the result of the negligent, willful, or intentional acts of said Participant, including expenses incurred attendant thereto.

**MEDICAL TREATMENT PERMISSION:** I authorize an adult, in whose care the minor has been entrusted, to consent to any emergency x-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital or emergency care facility. The undersigned shall be liable to the aforementioned child or youth pursuant to this authorization.

**TRANSPORTATION PERMISSION:** the undersigned does also hereby give permission for my child/youth to ride in any vehicle driven by an approved and licensed ADULT chaperone while attending and participating in activities sponsored by Holmes Baptist Association. My child/youth and I understand that SEAT BELTS MUST BE WORN AT ALL TIMES during transportation.

_____ Name of youth participant	_____ Signature of youth participant	_____ Date
_____ Parent/Guardian Name (Print)	_____ Parent Signature	_____ Date

**\*Please have this page notarized.**

MEDICAL INFORMATION

**YOUTH INFORMATION (Please print)**

Youth Full Name \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone # \_\_\_\_\_ DOB: \_\_\_\_\_

**PARENT/GUARDIAN CONTACT INFORMATION**

Parent/Guardian Name(s) and ALL contact #s:

\_\_\_\_\_ Contact # \_\_\_\_\_

Contact # \_\_\_\_\_

Contact # \_\_\_\_\_

\_\_\_\_\_ Contact # \_\_\_\_\_

Contact # \_\_\_\_\_

Contact # \_\_\_\_\_

**NON-PARENT/GUARDIAN EMERGENCY CONTACTS**

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone # \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone # \_\_\_\_\_

PRIMARY CARE PHYSICIAN

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

Phone(s) \_\_\_\_\_ Fax: \_\_\_\_\_

Name of practice \_\_\_\_\_

Date of last Tetanus shot (required) \_\_\_\_\_

**INSURANCE INFORMATION:**

Medical Insurance Company: \_\_\_\_\_

Phone #: \_\_\_\_\_

Policy/Group ID: \_\_\_\_\_

Policy Holder's Name (please print): \_\_\_\_\_

Required: Attached a copy of medical insurance card here.

**MEDICATION:**

List all medications the youth will take during the mission trip. This includes any prescription, non-prescription medications, herbal supplements and vitamins. Any participant under the age of 18 is required to give ALL MEDICATIONS to the adult youth leader in their original containers with complete dispensing instructions before the start of the event.

Medication Name      Dose      Treatment for      Dispensing instructions

Example: Zyrtec      5mg      Seasonal allergies      Take one pill daily in the morning with food

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Over-the-counter Medication Permission: Do you give permission for your child/youth to be given over-the-counter medication as needed and as directed on the label, to treat non-emergency medical conditions that do not require a doctor or hospital visit such as a minor headache, stomachache, or allergic reaction (i.e. Tylenol, Advil, antacids, Benadryl) while on the mission trip:

No. Contact me or get medical help if my child has any minor medical concerns.

Parent signature \_\_\_\_\_

Yes. I give permission for an approved adult to give my child approved over-the-counter medications as directed on an as needed basis to treat non-emergency medical conditions.

Parent signature \_\_\_\_\_

MEDICAL CONDITIONS: Please answer in detail if applicable or write N/A. Attach additional pages if necessary.

1. List any medical conditions your child has (asthma, diabetes, epilepsy, etc.):
  
  
  
  
  
  
  
  
  
  
2. List any allergies (drug/medicine, food, and/or environmental) and the severity and type of reaction:
  
  
  
  
  
  
  
  
  
  
3. Please explain any other pertinent information about your child (i.e. physical, behavioral, or emotional) that would be important for the adult leaders to know.

**HOLMES BAPTIST ASSOCIATION PHOTO RELEASE FORM FOR CHILDREN & YOUTH**

I agree that Holmes Baptist Association may photograph and record my child/dependent's likeness and activities (images) during association-related activities. I grant the following rights to Holmes Baptist Association: permission to use and re-use, publish and re-publish, and modify or alter the Image(s) taken during the activity. Use of the Images for editorial, commercial, trade, advertising, and any other purpose may be done in any medium now existing or subsequently developed, on the Association website and on the Internet, and worldwide in perpetuity for the purposed stated above.

I waive my right to inspect or approve any editorial text or copy that is used in connection with the Images and release and discharge Holmes Baptist Association from any and all claims arising out of use of the Images for the purposes described above, including any claims for libel, invasion of privacy, or other tortuous act.

I have read the foregoing. I fully understand its contents, understand that this agreement does not expire and confirm my agreement by signing below. I am over the age of 21 and have legal capacity to sign the release.

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Child's/Youth's Name (PRINT)

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Parent/Guardian Name (PRINT)

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Parent/Guardian Signature

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Date