

St. Helena's Youth Mission Trip

Name: _____

Address: _____

_____ zip _____

Parent or Guardian: _____

Home Phone: _____ Work Phone: _____

Other Emergency Contact: _____ Phone: _____

Insurance Carrier: _____

Policy Number: _____

Family Physician: _____

Physicians Phone: _____

****PLEASE HAVE YOUR INSURANCE CARD OR A COPY OF YOUR INSURANCE CARD WITH YOU AT ALL TIMES****

Medical Release

In the event of an emergency where medical treatment is required I give my permission to a member of the church staff or a youth sponsor to obtain the services of a licensed physician. Please attempt to notify me immediately concerning such an emergency.

Comments or medical information regarding allergies or other needs:

Signed: _____ Date: _____

Youth Mission
Covenant of Conduct

I agree to abide by the boundaries listed in the Covenant of Conduct. I recognize that each item is important to the health and well being of me as an individual, the team and ultimately the success of the project.

1. No drugs, alcohol, or tobacco products are to be used at any time.
2. Inappropriate sexual behavior is not acceptable.
3. Cell phones, laptops, ipods, etc are not allowed on the work site.
4. Fire crackers and other explosive devices are prohibited.
5. There will be absolutely no guns, knives or other weapons at any time.
6. Respectful behavior should be shown to everyone involved with the project at all times. Behavior that is disrespectful will demand appropriate and immediate consequences.

If I am unable to comply with one or more of these conditions I may expect to have my parents informed and will be sent home at my own expense immediately. I may also be ineligible for the next youth trip.

Signed: _____ Date _____

Parents signature: _____