



Horizon Urban Ministries Mission Trip

If under 18 years of age, parent signature required.

DATE OF TRIP: _____ Church Attending: _____

NAME OF STUDENT: _____ MALE/FEMALE: _____ SHIRT SIZE: _____

NAME OF PARENTS: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: [] _____ WORK: [] _____ CELL: [] _____

I do give my consent to have my son/daughter participate in the Horizon Urban Ministries Bridging the Gap Urban Mission Trip.

OTHER EMERGENCY CONTACTS:

Name: _____ Phone: _____

Name: _____ Phone: _____

Insurance Co. _____ Policy #: _____ Name of Policy Holder: _____

Name and phone number of your child's regular physician: Dr. _____ Phone: _____

HEALTH HISTORY: To protect your child from possible embarrassment, but not to exclude him/her from the program, please list any health concerns that we should be aware of, also include any known allergies to drugs and/or insect stings.

A. _____ B. _____ C. _____

Date of Child's last tetanus shot: _____

2. Do you know of any health factor(s) that make it advisable for your child to follow a limited program of physical activity?

Yes _____ No _____ If yes, please explain: _____

PLEASE LIST ANY MEDICATION THAT YOUR CHILD WILL NEED TO HAVE WHILE ON THE TRIP:

MEDICATION:	DOSAGE:	WHEN TAKEN:
_____	_____	_____
_____	_____	_____

*In the event of a minor illness or injury [such as cold, headache, scrapes, sprains, abrasions, and/or small cuts], I do authorize the Horizon Urban Ministries Staff / Youth Pastor, R.N. or EMT to give my child common remedies such as Tylenol, cough medicine, etc., in dosages appropriate for his/her age, and to clean and bandage or wrap wounds as necessary.

IMPORTANT: MUST BE COMPLETED AND SIGNED BY PARENT/GUARDIAN

The health history is correct so far as I know, and the person herein described has permission to engage in all prescribed Mission trip activities except as noted by me and/or my physician. I hereby give permission to the physician selected by the Horizon Urban Ministries Staff/Youth Pastor (or his/her representative) to order X-rays, routine tests, and treatment for the health of my child and to order injections and/or anesthesia and/or surgery for my child named above. This authorization is given pursuant to Section 25.8 of the Civil Code of California. This authorization shall remain effective through the extent of the scheduled program with Horizon Urban Ministries unless sooner revoked in writing and delivered to said agent. I further agree that Horizon Park Chapel/Horizon Urban Ministries, its Board of Directors, officers, and staffs are hereby relieved of all liability in the event of accident or injury to said minor.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Printed Signature: _____ Date: _____

Minor's Signature: _____ Date: _____