

Gateway District Youth DENVER Mission Trip



HOSTED BY UNITED CAMPUS MINISTRY AT UNK

DATE: May 28 (7am)-Jun 1 (4pm), 2013

COST: \$300 (includes a t-shirt)

DUE by: Apr 30th - Registration
& \$100 Deposit

AGE: 7th-12th Grade

United Methodist Mission Statement:

"To make Disciples of Jesus Christ who make a difference in the world."

Goals for the trip:

To Develop-- a deeper relationship in Christ, expand Youth Leadership roles,
Share in Fellowship opportunities, Witness our faith, and to Serve others.

MAY 28TH CHECK-IN:

1. Copy of Registration form
2. Medical Health History Form
3. Medications: in a Ziploc bag with instructions
4. The signed COVENANT form signed by parent and youth.

WHAT TO BRING...

- your Bible, paper, pen/pencil,
- Sleeping bag, pillow, pajamas
- Towel & shower supplies,
- Personal Hygiene items
- Closed-toe shoes (on Mission sites),
- 2-3 sets of Work clothes
(that could get ruined/paint on)
- Clothes f/5 days & Church
- Small backpack with travel items
- 1- Snack
- Extra \$ (souvenirs, etc)

--all tops & PJ tops--must cover your shoulders,
shorts—not too short & Pants-- not be full of holes

WHAT NOT TO BRING...

Electronic equipment or game devises.

(We are encouraging group activities and also will be very limited on space and free time)

Valuables and/or Jewelry (is not encouraged to be worn at work sites for safety reasons, or worry about something getting lost/stolen/disappearing)

Tobacco, Alcohol, Weapons, Illegal Drugs,

If you need any additional information please contact:

Laura Stubblefield-United Campus Ministry Director email: laura@ucmunk.org or 308 627-6225
or The Gateway District Office

**REGISTRATIONS AND \$100 DEPOSIT NEED TO BE RECEIVED IN THE GATEWAY DISTRICT OFFICE BY
APRIL 15, 2012.**

Please detach and mail with check to: Gateway District UMC
4009 6th Ave. Ste.13
Kearney, NE 68845

Name: _____

Church: _____

(Scholarships funds available:
Contact- Gateway District Office)

Phone: _____

Emergency Contact Person(s) _____

Phone #'s _____

e-mail: _____

Home Address: _____

Grade in School: _____ T-Shirt Size _____

Person picking up Youth on May 28th _____

COVENANT FOR 2012 K.C. YOUTH MISSION TRIP

- I will conduct myself in a dignified and responsible manner at all times
- I will respect other persons and their property.
- I will pick up after myself as a good guest and volunteer in all locations.
- I will be responsible for my own property realizing that it is not wise to take valuables on this trip.
- I will treat all people as creatures of God and as my brothers and sisters in Christ.
- I will take care of my physical needs and provide time and space for others to do the same so that we are getting enough rest, eating appropriate food, going to sleep at the designated time, and providing times of quiet rest.
- I will cooperate with others to make this trip successful by proclaiming the Good News through words and deeds.
- I will insist that there be no possession of tobacco, alcohol, illegal drugs, or weapons.
- I will have a positive attitude as shown by participating with the group and being present at all times for the benefit of the group.
- I will understand that cell phone and MP3 usage will be limited, so that I will be present in all experiences, activities, and in fellowship and group opportunities.
- I will abide by the decisions of the group.

If I find that I cannot conduct myself according to this covenant I will make arrangements to return home after consulting with the sponsors of the trip.

I have read, understand, and accept this covenant.

Signed _____, Youth Date _____

As a parent of this Youth I have read, understand, and accept this covenant.

Signed _____, Parent(s) Date _____



Gateway District Health History Form

2012-13

Complete one form per person. Please make as many copies as you need for each individual.

Name		Birthdate		Primary Phone Number	
Name of Primary Emergency Contact			Name of Second Emergency Contact		
Address			Address		
Preferred Phone(s)			Preferred Phone(s)		
Relationship to participant			Relationship to participant		
RESTRICTIONS <input type="checkbox"/> I have reviewed the program description and activities of the event and feel the Youth can participate without restrictions <input type="checkbox"/> I have reviewed the program description and activities of the event and feel the Youth can participate with restrictions or adaptations. (Please describe on reverse side. Feel free to attach additional information if needed)					
ALLERGIES <input type="checkbox"/> No Known Allergies <input type="checkbox"/> Food <input type="checkbox"/> Medicine <input type="checkbox"/> Environment (insect stings, hay fever, etc) <input type="checkbox"/> Other Please describe on reverse side what the person is allergic to and the reaction seen.					
DIET, NUTRITION <input type="checkbox"/> This person eats a regular diet <input type="checkbox"/> This person eats a regular vegetarian diet <input type="checkbox"/> This person has special food needs. (Please describe on reverse side).					
This person is covered by family medical/hospital insurance <input type="checkbox"/> Yes <input type="checkbox"/> No Policy Number _____ (Include a copy of your insurance card if appropriate; copy both sides of the card so information is readable.)					
Insurance Company		Phone		Subscriber	
Primary Care Doctor		Dentist		Other Healthcare Provider (if applicable)	
Phone		Phone		Phone	
HEALTH HISTORY Please circle statements that apply. Explain circled items in the space on reverse side, noting the number of the questions. The coordinator may contact you for additional information if necessary. Has/does the person: 1) Ever been hospitalized 2) Ever had surgery 3) Have recurrent/chronic illnesses 4) Had a recent infectious disease 5) Had a recent injury 6) Had asthma/wheezing/shortness of breath 7) Have diabetes 8) Had seizures 9) Had headaches 10) Wear glasses, contacts, or protective eyewear 11) Had fainting or dizziness 12) Passed out/had chest pains during exercise 13) Had mononucleosis during the past 12 months 14) If female, have problems with periods/menstruation 15) Have problems with falling asleep/sleepwalking 16) Ever had back/joint problems 17) Have a history of bedwetting 18) Have problems with diarrhea/constipation 19) Have any skin problems 20) Traveled outside the country in the past 9 months (please name countries visited and dates of travel) 21) Ever been treated for ADD or ADHD 22) Ever been treated for emotional or behavioral difficulties or an eating disorder 23) During the past 12 months, seen a professional to address mental/emotional health concerns? 24) Had a significant life event that continues to affect the person's life? (History of abuse, death of a loved one, family change, adoption, foster care, new sibling, survived a disaster, others)					
IMMUNIZATION HISTORY Please check current immunizations. <i>Italicized immunizations must be current:</i> <div style="display: flex; justify-content: space-between; align-items: flex-start; padding-top: 10px;"><div style="border: 1px solid black; padding: 5px; width: 20%;">Date of last tetanus booster (dT) or (TdaP): _____</div><div><input type="checkbox"/> Diphtheria, tetanus, pertussis (DTaP) or TdaP <input type="checkbox"/> Mumps, measles, rubella (MMR) <input type="checkbox"/> Polio (IPV) <input type="checkbox"/> Haemophilus influenzae type B (HIB) <input type="checkbox"/> Pneumococcal (PCV) <input type="checkbox"/> Hepatitis B <input type="checkbox"/> Hepatitis A <input type="checkbox"/> Varicella (OR date of chicken pox _____) <input type="checkbox"/> Meningococcal meningitis (MCV4)</div></div>					
<div style="display: flex; align-items: center;"><div style="font-size: 2em; margin-right: 10px;">C</div><div style="flex-grow: 1;"><p>If your Youth has not completed these immunization requirements, please sign the following statement: I understand and accept the risks to my child from not being fully immunized.</p><p>Relationship to participant _____ Signature of Custodial Parent/Guardian _____</p><p>D a t e _____</p></div></div>					
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Name	Birthdate	Primary Phone Number	Event Name
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MEDICATION "Medication" is any substance a person takes to maintain and/or improve their health. This includes vitamins & natural remedies. All medications (including over-the-counter medications) need to be in the original containers and must be turned in upon arrival (with the exception of inhalers) and accompanied by written instructions for the medical staff person. Please discuss needed medications or special health concerns with the medical staff person at check-in.

☐ This person will not take any daily medications while attending event. ☐ This person will take medication(s) while attending event. (Please List)

Name of Medication	Date Started	Reason For Taking It	When It Is Given	Amount or Dosage Given	How It Is Given

I give permission for over-the-counter medications to be administered to my child if the health care staff deems necessary. Which is approved by a physician, that dosages will be administered according to the directions on the bottle unless a physician directs otherwise, and that the health history form will be reviewed for allergies and parental recommendations prior to administration of over-the-counter medications. (Please list below any over-the-counter medications that you **DO NOT** want administered to your child.)

Signature of Custodial Parent/Guardian _____ Date _____ Relationship to Youth _____

What Have We Forgotten to Ask? To help make your youth's event successful, it is vital that we are aware of any unique needs or special concerns they may have. Please provide description of restrictions, allergies, diet, nutrition, information about the person's health, special learning considerations, family circumstances, relevant experiences, or anything that will help us better prepare for your child's upcoming experience. **Please attach additional information if needed.**

IMPORTANT—THIS BOX MUST BE READ AND SIGNED FOR ATTENDANCE

Each United Methodist Nebraska Annual Conference of the United Methodist Church ("Conference") offers a variety of services and voluntary activities designed to enrich the mission trip experience. These services and voluntary activities may include, without limitation, the provision of food, lodging, transportation, as well as the sponsorship of challenging and educational activities with over-nights and the outdoors, and other opportunities. Both participants and staff members (including volunteers) may have the opportunity to participate in one or all of these activities. Additional releases for special activities may be required. I understand that reasonable measures will be taken to safeguard the health and safety of all participants. I understand that some inherent risks of serious injury or death. The person described has permission to participate in all activities except as noted on this form and accompanying information. I understand that participation in activities and receipt of services is voluntary, that I/my child may decline to participate in any activity, and that I/my child has the obligation to notify a official of anything I/they feel to be unsafe and, if necessary, to immediately leave the area or stop participating in the event which I/they feel may be unsafe. I will assure that I/my child is properly prepared and able to participate, willing to abide by policies, and follow directions of personnel. I understand that I/my child may be transported in a licensed, insured Conference vehicle or a licensed, insured private vehicle.

This health history is correct and accurately reflects the health status of the youth or volunteer to whom it pertains. I understand I will be notified as soon as possible in case of any emergency or illness affecting my child. I understand that I/my child may be transported in a licensed, insured Conference vehicle or a licensed, insured private vehicle. I give permission to the physician selected by the leaders to order x-rays, routine tests, and treatment related to the health of my child for both routine health care and in emergency situations. If I cannot be reached in an emergency, I authorize listed emergency contacts and/or staff to act on my behalf. Furthermore, I give my permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for this child. I accept responsibility for the costs of such treatment. I understand the information on this form will be shared on a "need to know" basis with staff. I give permission to photocopy this form. In addition, the sponsors has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the program's staff about my child's health status.

I understand that my child can be dismissed from this trip for reasons including, but not limited to: contagious illness, chronically disruptive behaviors, illegal activity, breaking of rules, or destruction of property. If my child is dismissed, I understand it is my responsibility to arrange and pay for transportation for my child to return home, and that no refunds will be issued for persons going home early for disciplinary action or because they are missing home.

Unless I have checked the box below, I give Nebraska UM Conference permission to take and use photographs or other media representations of myself or my child in promotional material, including websites, brochures, videos, and other means. I understand that my child will not be named in this material.

☐ I DO NOT want Nebraska UM Conference to use any images of my child for promotional materials. (Please initial and send current photo to be used later to identify youth)

I have read and understand the authorization section and will abide by judgments made by Nebraska UM Gateway District.

Signature of Custodial Parent/Guardian _____ Date _____ Relationship to Youth _____

With my parents/guardian, I have completed the above information and will assume responsibility for taking my medication as administered by staff and for restricting any activities agreed upon and listed above. I will exercise good judgment in regard to my own health, safety, behavior, and well-being during the event.

Signature of Youth _____ Date _____

COVENANT FOR 2013
Gateway District Youth Lock-in

- I will conduct myself in a dignified and responsible manner at all times
- I will respect other persons and their property.
- I will pick up after myself as a good guest and participate in all locations.
- I will be responsible for my own property realizing that it is not wise to take valuables to this event.
- I will treat all people as creatures of God and as my brothers and sisters in Christ.
- I will take care of my physical needs and provide time and space for others to do the same.
- I will cooperate with others to make this event successful by proclaiming the Good News through words and deeds.
- I will insist that there be no possession of tobacco, alcohol, illegal drugs, or weapons.
- I will have a positive attitude as shown by participating with the group and being present at all times for the benefit of the group.
- I will understand that cell phone and technology usage will be limited, so that I will be present in all experiences, activities, and in fellowship and group opportunities.
- I will abide by the decisions of the group.

If I find that I cannot conduct myself according to this covenant I will make arrangements to return home after consulting with the sponsors of the trip.

I have read, understand, and accept this covenant.

Signed(Youth) _____ Date _____

As a parent of this Youth I have read, understand, and accept this covenant.

Signed(Parent) _____ Date _____