

Please read the following Covenant and realize that your signature means your solemn pledge:

I understand that, as a member of this mission trip, I am acting as an emissary of the Congregation of the Chevy Chase Presbyterian Church as well as Mission at the Eastward. I will abide by the ground rules set by the team, it's leaders, the host coordinator, and MATE. I also understand that I am responsible for conducting myself in a safe, ethical, and Christian manner at all times while on the trip. I fully understand that responsibility for my conduct and consequences thereof are mine alone.

Signature of Teen Applicant: _____ **Date:** _____

I further understand that fundraising events prior to the trip are part of the mission and I promise to meaningfully participate in these activities.

Initials of Teen Applicant: _____ **Date:** _____

EMERGENCY MEDICAL INFORMATION Part 1 - Medical conditions

Does the applicant have **any** medical conditions? If so, please tell us below what they are. This information will be held in confidence but may be necessary in an emergency. It is also important that we know ahead of time about dietary concerns, allergies, any history of reactions to medicines, poison ivy, bee stings, Etc. Maine has lots of wasps and if you are at risk of shock after a bee sting, you **must** tell us about it and bring a supply of Epi-pens with you.

The application contains space for prescription confidential information above. A private note may also be submitted with the application. Use of prescription medication is covered on the separate 'Prescription Medication Authorization' form.

EMERGENCY MEDICAL INFORMATION Part 2 – Over the counter medications.

We strongly discourage unsupervised use of over-the-counter medications. In addition, we need to know if there are any concerns about OTC medications. A list of OTC medications maintained on hand by the team is shown below. Parents must check the OTC medications that their child can and cannot tolerate and then initial this form.

The team will have a supply of the following OTC medications. Please review the list below and indicate medications which can and cannot be used for your child if necessary:

	<u>OK</u>	<u>Not OK</u>	<u>Comments (as needed)</u>
Aspirin	___	___	_____
Acetaminophen (Tylenol)	___	___	_____
Ibuprofen (Advil, Motrin)	___	___	_____
Naproxen (Aleve)	___	___	_____
Antihistamines (Benadryl) and/or OTC Zyrtec	___	___	_____
Imodium A-D	___	___	_____
Kaopectate	___	___	_____
Milk of Magnesia	___	___	_____
Antacids (Rolaids, Tums)	___	___	_____
Cortisone Ointment, and/or topical antibiotic creams	___	___	_____
OTHER	___	___	_____

Initialed by Parent (or Guardian)

EMERGENCY MEDICAL INFORMATION Part 3 – Medical Insurance info

Please list below your health insurance company & coverage ID number:

Company: _____ ID# _____

Family physician: _____ Phone: (____) _____ - _____

ADDITIONAL ACKNOWLEDGEMENTS BY PARENT OR GUARDIAN:

- 1) I understand as the parent (or Guardian), it is MY responsibility to notify the trip Coordinator prior to departure if there are changes in my child’s medications which occur after submitting this form, and
- 2) I confirm that my child’s last tetanus shot was received _____ (must be within 10 years!), and
- 3) I consent to the taking and use of photographs and audio/video recordings of my child during this activity for use by the Church to remember and promote this activity, and
- 4) I confirm that I HAVE READ AND ACCEPT the Youth Mission Briefing Document and Activity Plan, and
- 5) I confirm that I have read all parts of this application and discussed appropriate parts, including the COVENANT on page 2, with my participating child, and
- 6) On behalf of my child and my child's successors, I hereby release Chevy Chase Presbyterian Church (CCPC) and its employees and agents from all claims and actions that I or my successors may have against CCPC and its employees and agents arising out of my child's involvement in the Youth Mission Trip. I understand the consequence of this release, and assume full responsibility for my child's participation in the Youth Mission Trip.

As to all items above: _____

Signature of Parent (or Guardian)

_____ Date

NOTICES TO PARENTS DURING THE TRIP:

We will communicate details to you throughout the week. Official team notices may include: safe arrival in camp, some mid-week updates, non-routine events, and expected time of return to CCPC. We will use text messaging and emails for this purpose.

PLEASE INDICATE YOUR PREFERENCE: TEXT: _____ E-MAIL: _____

Name: _____ Pref. Phone: (____) _____ - _____

E-mail: _____

FEES:

PLEASE NOTE FEES DESCRIBED BELOW. **ALL FEES ARE DUE WITH THE APPLICATION.**

- 1) The team member individual fee is \$100 . (With a max per family of \$200) (The fee is for team expenses.)
- 2) Please make checks payable to Chevy Chase Presbyterian Church – Youth Mission

Date application received: _____ Reviewed by Youth Committee? _____