

2008 NYC Mission Trip - Medication/Emergency Contact Form

The undersigned grants permission for:

Student name _____ Grade completing _____

Student e-mail _____ Student cell (if applicable) _____

to attend the 2008 NYC Mission Trip.

This signed statement of agreement absolves the Youth Ministries Coordinator, Pastors, McFarland Lutheran Church, chaperones and any and all members of its governing boards of any liability for accident, injury, etc. which may occur to the above-named student during the time of this activity.

I give permission for my son/daughter to participate and to receive emergency medical treatment if necessary. Specific health concerns or allergies to be aware of:

I give permission for my child to be given the over the counter medication listed below following the recommended dosage on the product if necessary (check all that apply):

____ Tylenol ____ Antacid tablet ____ Other _____
____ Ibuprofen ____ Pepto-Bismol ____ Claritin

Please complete the following information:

____ No medication will be brought to camp
____ I want the medication or medical devices self administered
____ I want the medication or medical devices administered by an adult

Indicate medication(s) below:

Name of medication	Dosage	How it is taken	Time(s) of day
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Mother's name _____

Home phone _____ Work phone _____

Cell phone _____ E-mail _____

Father's name _____

Home phone _____ Work phone _____

Cell phone _____ E-mail _____

Emergency contact ~ someone that will take responsibility for your child in the event we are unable to reach you.

Name _____ Relationship to student _____

Home phone _____ Work phone _____

Cell phone _____

Physician _____ Phone _____ Hospital _____

Name of Insurance Co. _____ Policy number _____

Parent or Guardian Signature _____ Date _____