

MEXICO MISSION PROJECT

Participant Medical History & Release Form

Name _____ (M)(F) Grade Next Fall _____

Date of Birth _____ Home Phone () _____

Home Address _____

Mother's Name _____ Work Phone () _____

Mother's Employer _____

Father's Name _____ Work Phone () _____

Father's Employer _____

Health Insurance Co. _____ Policy No. _____

Family Physician _____ Phone () _____

Does your insurance carrier require a second opinion before emergency procedures are undertaken? (Yes/No)

If parents can't be reached in an emergency, please contact:

Name _____ Relationship _____

Home phone () _____ Work Phone () _____

The following information is required to ensure that your youth's individual needs are met while attending MMP. Information is confidential and will be made available only to staff, adult counselors, and medical professionals, i.e., those people who are directly responsible for your child's well being. In the event of an emergency, every effort will be made to contact the parents or designated individual. For their safety and well-being, no child will be allowed to attend without a completed and signed Consent/Medical Authorization.

Church Name _____

Date of youth's last tetanus shot _____

Please list any physical or behavioral conditions that the program staff and adult counselors should be aware of (sleepwalking, epilepsy, diabetes, fainting, depression, eating disorders, asthma, etc.)

Please be specific so that we can provide the best care for your child:

Is your youth allergic to any food, medication or insect bites? (Yes/No)

If yes, please list particular allergy and probable reaction:

Is your youth currently taking any medication? (Yes/No)

If yes, please list all medications that your child will be bringing including complete instructions for administering:

Unless absolutely necessary, do not change your youth's prescription before their MMP week. Since we don't know what normal behavior is for your child, we will be less likely than you to detect negative reactions to medication changes.

Please circle your answer below to give us your consent to give your child the following medications. Please initial next to each response.

May the staff/adult counselor administer to your youth: aspirin (yes/no) (___), aspirin substitutes (yes/no) (___), eye ointments (yes/no) (___), antihistamine or decongestant (yes/no) (___), motion sickness medication (yes/no) (___), laxative or anti-diarrhea medication (yes/no) (___), antibacterial or antibiotic ointment (yes/no) (___), insect bite or poison oak ointment (yes/no) (___), any medication prescribed by a medical professional to treat any illness or condition that may develop during the time of the program (yes/no) (___).

Specific directions:

Note: If your child requires special care or diet, please contact us as soon as possible prior to arrival so that necessary arrangements can be made. Our cooks most likely will have done all their shopping before the participants arrive. We are always prepared for vegetarian diets.

Your signature here confirms that the information on these two pages is complete and correct as far as you know, and that you are giving permission to staff and adult counselors as noted.

Parent/Guardian's signature

Date

Medical Release and Permission Paragraph

(Youth's name) _____ has my permission to attend Mexico Mission Project. I understand that the program involves construction and recreational activities, and I acknowledge that reasonable measures will be taken to safeguard the health and safety of all participants. In case of a medical emergency, I hereby authorize calling a physician at my expense to provide whatever medical or surgical treatment is necessary. I understand that I will be notified as soon as possible in case of any emergency affecting my child.

I have read and understand the information contained in the page entitled "Medical and Insurance Information for Parents/Guardians" and the preceding paragraph.

Parent/Guardian's signature

Date

Bring one signed copy of this with you to MMP for each youth participant.

Participant Covenant

As a camper with the Mexico Mission Project, I agree that I will:

- Conduct myself in a way that brings credit to my God, my church, my youth group, Mexico Mission Project, and to me.
- Sacrifice, at times, my own needs for the greater needs of the community of which I am a member.
- Fully participate in all activities of the week.
- Adhere to all the rules and regulations of MMP presented in this packet and by the MMP staff upon arrival on Sunday, including dress codes, safety measures, and prohibited items.

I understand that willful failure to follow the camp policies of MMP could result in the termination of my camping experience and departure from the site.

If asked to leave the camp site, either my parents or church will assume responsibility for me and the arrangement and cost of transportation back to my place of departure. I understand that MMP will not refund my fee under these circumstances.

Camper's Signature

Date