

Church Name:

L.I.T. STUDENT APPLICATION
Parental Permission & Medical Release Form

(Please print clearly) Missouri Texas

Student name: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth: _____ Last grade in school: _____	T-shirt size: <input type="checkbox"/> YS <input type="checkbox"/> AS <input type="checkbox"/> YM <input type="checkbox"/> AM <input type="checkbox"/> YL <input type="checkbox"/> Other _____
Parent(s) name: _____	Phone # 1: _____ Phone # 2: _____ Phone # 3: _____	
Address: _____	City/State/Zip _____	
Email Address: _____		
<i>In case of emergency and neither parent nor guardian can be reached, please notify:</i>		
Name: _____	Relationship: _____	
Phone # _____	Alternate phone # _____	
<i>Medical Information</i>		
Primary Care Physician: _____	Phone # _____	
Personal Health/Accident Insurance Carrier: _____		
Insurance phone # _____		
Group ID # _____	Policy # _____	

The Mission Trip Healthcare Professional may administer:

- | | |
|--|--|
| <input type="checkbox"/> Pepto-Bismol™ | <input type="checkbox"/> Diphenhydramine-hydrochloride (Benadryl™) |
| <input type="checkbox"/> Tums™ | <input type="checkbox"/> Triple Antibiotic Ointment for cuts and scrapes |
| <input type="checkbox"/> Acetaminophen (Tylenol™) | <input type="checkbox"/> Cough Suppressant (Dextromethorphan) |
| <input type="checkbox"/> Ibuprofen (Advil™ or Motrin™) | <input type="checkbox"/> Other OTC _____ |

List all current medications being taken (include dosages and times).

Note: All medications must be checked in to the designated healthcare professional prior to departure on the trip. This is for the safety of all on the trip. The designated healthcare professional will be responsible for tracking and administering all medications during the trip.

Rx Name	Dosage	Time	Rx Name	Dosage	Time
		am/pm			am/pm
		am/pm			am/pm
		am/pm			am/pm
		am/pm			am/pm
		am/pm			am/pm

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Health History

Immunization	Date	Immunization	Date
HepB		MMR	
DTaP		Varicella	
Hib		HepA	
IPV or OPV		MPSV4	

Allergies: (i.e. food, medicines, insects, plants, etc.) Yes No

Explain: _____

General Information (Check all that apply and explain below)

<input type="checkbox"/> ADHD (Attention Deficit Hyperactivity Disorder)	<input type="checkbox"/> Heart trouble
<input type="checkbox"/> Asthma	<input type="checkbox"/> High blood pressure
<input type="checkbox"/> Cancer/leukemia	<input type="checkbox"/> Kidney disease
<input type="checkbox"/> Convulsions/seizures	<input type="checkbox"/> Other
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Other

Explain: _____

List any physical or behavioral conditions that may affect or limit full participation in mission trip activities, including swimming and strenuous physical games: _____

Notarized Release Form:

I realize that in the event of illness or injury while on the mission trip or participating in L.I.T.-sponsored activities, **medical treatment may be required for my child/ward.** In case of emergency, I hereby give permission for the Mission Trip Leader or staff to select a physician to administer medical treatment. I also therefore give my permission to the selected physician to hospitalize, secure proper treatment for, and/or order injection, anesthesia, or surgery for my child/ward as named above. **I hereby give permission for any such treatment to be rendered, and I agree to bear the cost of such treatment.** I also hereby **give my permission** for my child/ward to **participate in all L.I.T.-sponsored activities** while on the trip.

I, therefore, agree to assume, as an explicit condition of my child's/ward's participation, any and all risks, including, but not limited to, those enumerated above. I agree to hold harmless L.I.T. Ministries, its staff, the host church, and any affiliated group from any and all liabilities, claims, demands, and causes of actions whatsoever which may arise due to the participation of my child/ward. **INCLUDING FOR ANY NEGLIGENCE BY ANY OF THE FOREGOING.** In particular, I agree to the assumption of risk and release for negligence as just stated in connection with any transportation of my child/ward to or from any events or destinations.

*****Must be signed in front of a notary.*****

Signature of Parent/Guardian _____
 Subscribed and sworn to me this _____ day of _____, 20_____

 Signature of Notary

My commission expires _____ Notary Public, State of _____

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Student Name: _____

Consent to be photographed, filmed, videotaped, and/or interviewed and release of liability

I, the undersigned, hereby consent to my child/ward being photographed, filmed, videotaped, and/or interviewed by or for L.I.T. Ministries.

I agree that L.I.T. Ministries may use or permit other persons to use the negatives, prints, digital image, or video prepared from my child's photograph, words, or written materials reflecting my child's interview for any purposes and in such manner as L.I.T. Ministries may choose, including but not limited to use in informational or promotional materials for L.I.T. Ministries including:

- Collateral materials
- Internet web site
- News coverage by television, newspaper, radio, Internet, or other media
- Video news releases
- Advertisements
- Tutorials
- Internal and external video productions
- Billboards or other outdoor advertising
- Print ads in newspapers and/or magazines

I understand that I will be paid a total of **\$0** for current or future use of my child's likeness, words, or ideas. I hereby give up any right to inspect or approve the finished product or products that may be used in connection therewith or the use to which it may be applied.

I hereby release and agree to indemnify and hold harmless L.I.T. Ministries, its affiliates and trustees, employees, agents, representatives, and vendors from any injury and/or damages sustained as a result of such photographing, filming, videotaping, and/or interviewing, including but not limited to, claims for personal injury, property damage, invasion of privacy and/or breach of confidentiality. **INCLUDING FOR ANY NEGLIGENCE BY ANY OF THE FOREGOING.**

I have read and understand this consent prior to signing.

Parent or Legal Guardian's Signature

(Please print) Parent or Legal Guardian's Name

Date _____

Address _____

Phone # _____

Alternate Phone # _____