

This form is for minors (age 0-17) and must be signed by both parents.

Participant Name: _____

Project location: _____

Date of Birth (mm/dd/yyyy): _____

Project dates: _____

Gender (male/female): _____

Email: _____

Church name: _____

Address: _____

Church city/state: _____

City, State, Zip: _____

Team Leader: _____

Phone: _____

Emergency contact name (not a trip participant): _____

Emergency contact phone: _____

PARENTAL PERMISSION TO TRAVEL AND RELEASE OF LIABILITY

“As a parent or guardian, I give my permission for **my child** (name): _____ to travel to (country): _____ to participate in MTW’s volunteer ministry program on the following dates: _____. I am aware of the inherent risks and dangers to my child in traveling to and ministering in the United States and other countries and the potential risks to my child and his/her property as a result of participation in the (location) _____ trip/project, (including but not limited to illness, injury, acts of terrorism, death, robbery, kidnapping, or other loss or destruction of life or property.) I fully assume these risks, understanding that MTW cannot be responsible for any personal loss or disaster that my child may experience in connection with his/her volunteer ministry service to MTW. I hereby agree to waive and release any and all claims and causes of action for damages or other relief that I may have against MTW, the Presbyterian Church in America, my sending church/organization, any of their affiliated or member entities, and their respective officers, directors, employees, agents, attorneys, or representatives, based on my child’s volunteer services for MTW. I acknowledge personal responsibility for my child’s actions outside the direction of ministry personnel, or the scope of this ministry project or program. I understand that this release of liability is effective only as it applies to and is interpreted by the laws of the countries involved.”

Both parents must sign this section. If a parent is divorced or deceased, please indicate so in writing.

Signature of father: _____

Date: _____

Father’s name (printed): _____

Phone: _____

Signature of mother: _____

Date: _____

Mother’s name (printed): _____

Phone: _____

Signature of other legal guardian: _____

Date: _____

Legal Guardian’s name (printed): _____

Phone: _____

Relationship of Guardian: _____

INSURANCE REQUIREMENTS

Each MTW participant is required to have primary medical insurance. For international projects, the primary insurance policy must cover expenses incurred out of the US. Any participant that does not have this coverage must apply for supplemental coverage. (MTW does not provide this coverage.) Please indicate the status of your child’s medical insurance coverage:

- My child has primary medical coverage and I have confirmed that it will cover expenses incurred outside the US on this trip. **Name of Insurance Company:** _____

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- My child has primary medical coverage, but it will not cover expense incurred outside the US. **I have obtained supplemental coverage** with (name of company):_____
- My child does not have primary medical coverage. **I have obtained short-term coverage** with (name of company):_____

MEDICAL HISTORY

Failure to provide known information will release both the team leader, MTW, and project host from responsibility arising due to complications brought on by the activities of this project.

1. Is your child currently being treated for any of the following conditions?
 - Asthma
 - Diabetes
 - Digestive/Intestinal problem
 - Disease of Eyes, Ears, Nose, Throat
 - Dizziness/Loss of Consciousness
 - Epilepsy/Convulsions/Seizures
 - Heart condition
 - Psychiatric/Emotional problem
 - Pregnancy (*Note: Pregnant females are not permitted to participate on projects rated as Intermediate, Substantial, or High Risk.*)
2. If you checked any of the above conditions, please list the condition and the date of the most recent treatment/doctor’s visit:

3. Is your child currently taking any prescription medications? Yes____ No____
If yes, please list the names of the medications:

4. Please list your child’s allergies, including food and medications.
Note: If an allergy that requires an EpiPen or other treatment, please bring the appropriate medication with you.

IMMUNIZATIONS & MEDICAL CONSENT

1. My child has had all routine immunizations (dT-diphtheria, tetanus, MMR-measles, mumps, rubella, polio). Yes____ No____
2. My child has had a tetanus booster within the past 10 years.
Yes____ No, but will have by the beginning of the project_____
3. I have checked with my doctor, the CDC, or the health department and am aware of the immunizations recommended and required for the area to which my child will be traveling.
Yes____ No____

In the event of a medical emergency, I hereby consent to the necessary and proper treatment, surgery, and/or anesthetic by a licensed physician or health care professional for **my child (name)**_____.

Both parents must sign this section. If a parent is divorced or deceased, please indicate so in writing.

Signature of father:_____ **Date:**_____

Signature of mother:_____ **Date:**_____

Signature of other legal guardian:_____ **Date:**_____