

2019 Mission Trip to St. Louis, MO

High School Mission Trip July 21-27, 2019



Cost \$795

\$150 Deposit Due By April 3rd

Final payment due June 30, 2019

Available Rewards ~ \$150 if student attends all trainings

\$60 if student misses one training

PLEASE PRINT CLEARLY

_____	_____	_____	____/____/____
Student Name	Grade	Gender (M/F)	Date of Birth
_____		_____	_____
Address		City/State	Zip Adult T-Shirt Size
_____	_____	_____	
Student Cell #	Home Phone	Student E-Mail	
_____	_____	_____	
Parent Name	Cell #	E-mail	
_____	_____	_____	
Parent Name	Cell #	E-mail	

Pre Trip Training Dates: 04/25 5pm ~ 05/05 8am ~ 05/22 5pm ~ 06/09 8 am ~ 07/14 8am

***For more information call 830-625-0267
Or email tiffany.lenz@oakwoodnb.com***

OAKWOOD BAPTIST CHURCH STUDENT MEDICAL FORM

NAME: _____
(LAST) (FIRST) (MIDDLE)

PARENT'S NAME: _____
(FOR THOSE UNDER 18)

ADDRESS: _____ ZIP: _____

PHONE: _____ ALT. EMERGENCY CONTACT #: _____

List below any physical defects or conditions you have, such as allergies, nervousness, headaches, dysmenorrheal, etc. _____

Should you at any time during the trip require medical attention, list any special instructions which you might require, such as being allergic to penicillin, having a rare blood type, etc. _____

FOOD ALLERGIES / RESTRICTIONS: _____

CURRENT IMMUNIZATION STATUS: Tetanus _____ Polio _____

MEDICAL INSURANCE: Company Name & Policy Number

Permission for Medical Treatment

To Be Filled Out By Parents or Guardians of Young People Under 18 Years

I, _____, the parent and/or guardian of _____, a minor, hereby acknowledge that said minor is presently under my care, custody, and control. I hereby give my child, the said minor, my express permission to go on **any trips sponsored by Oakwood Student Ministry while they are an active participant in this ministry.**

I further expressly grant my permission for my child to participate in all activities while on the trip. In the event there arises an emergency, necessitating medical or surgical attention, I hereby consent and give my permission to Oakwood Baptist Church, its representatives, or the sponsors, or any attending physician, to make such decisions and to perform such medical treatments and/or surgery upon said minor which may, in their sole discretion, be necessary and proper under the circumstances.

I, the undersigned parent and/or guardian of _____, a minor, do release, acquit, discharge, and covenant to harmless Oakwood Baptist Church or its representatives, or the sponsors, or any attending physician, from any and all actions, causes of actions, damages or liabilities arising out of the treatment of any sickness or accident, and from any financial responsibility for all medical treatment provided during the attendance of any/all trips.

SIGNATURE

Photograph/Video Notice

I understand that as a participant in the Oakwood Student Ministry, my child may be photographed or videotaped during normal activities and these photos/videos may be used in promotional materials for OSM (i.e. Website, posters, flyers).

SIGNATURE

DATE _____