

**EPISCOPAL DIOCESE OF NEBRASKA**  
**Youth Outreach & Mission Trip**  
**Parental Consent Form**

Participant's Name \_\_\_\_\_

Age \_\_\_\_\_ Gender \_\_\_\_\_ Grade in coming year \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Parent/Guardian (please print) \_\_\_\_\_

Home or Cell Phone \_\_\_\_\_

Mother's Work Phone \_\_\_\_\_ Father's Work Phone \_\_\_\_\_

Home Parish \_\_\_\_\_

**Please mail this form to: The Rev. Tom Jones, Church of the Holy Spirit, 1305 Thomas Dr., Bellevue NE, 68005. If submitting your deposit by check, please make all checks payable to:**

**The Church of the Holy Spirit**

**In the Memo Line, please note: Rosebud & Youth's name**

**A \$50 deposit is required at the time of registration. An additional \$75 payment is requested by June 1st to help cover up front costs of the trip. The remaining balance will be due upon arrival in Valentine. Regrettably, No on-site registration will be allowed. Youth must be registered in advance to participate. Some spending money (approximately \$30-50) is needed by participants for meals when we stop on the way to and from our destination, for snacks while in Valentine, and for local pool fees.**

**LIABILITY RELEASE AGREEMENT**

I/we understand that there are inherent risks involved in any mission trip. Such risks may include, but are not limited to, the risk of injury from transportation, physical activity during the mission or otherwise, exposure to disease or other illness, and violence due to political instability, terrorism, or criminal activity. Being fully informed of the inherent risks of any mission trip, I/we hereby release the Episcopal Diocese of Nebraska as well as its Bishop, clergy, staff, volunteer workers, agents or representatives from any and all liability due to any injury, loss, or damage to person or property that may occur during the course of my/our involvement with the mission trip of the Episcopal Diocese of Nebraska.

Full name of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardians Date of Birth: \_\_\_\_\_

## MEDICAL INFORMATION & CONSENT

**Health Information:** Please list allergies, medications, special diet requirements, physical limitations, etc.

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**Date of last Tetanus Shot** \_\_\_\_\_ **Date of last Measles Shot** \_\_\_\_\_

(For your child's safety and protection, we require month and year of most recent immunizations. This information can easily be obtained from your physician or health clinic.)

Health Insurance Carrier: \_\_\_\_\_ ) \_\_\_\_\_

Member ID: \_\_\_\_\_ Policy #: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Medical Release Agreement:** I/we, the undersigned, on my/our behalf, or as the parents or guardians having legal custody of the above named participant, a minor, have given our consent for him/her to attend a mission trip organized by the Episcopal Diocese of Nebraska, or are of legal consenting age myself. In the event that I/he/she is injured while attending the trip and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is called for, which a physician and/or hospital personnel refuses to administer without my/our consent, I/we hereby authorize any adult associated with the Mission Trip to give such consent for us if I/we cannot be reached by telephone at the number listed below, or because of an emergency, there is not time or opportunity to make a telephone call. In the event it becomes necessary for that person to give consent for us, I/we agree to hold such person free and harmless of any claims, demands or suits for damages arising from the giving of such consent so long as the treatment is administered by or under the supervision of a licensed physician. I/we also acknowledge that I/we will be ultimately responsible for the cost of any medical care should the cost of that care not be reimbursed by the health insurance carrier. Further, I/we affirm that the health insurance information provided below is accurate at this date and will, to the best of my/our knowledge, still be in force for the participant named above at the time of the mission trip.

Full name of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardians Date of Birth: \_\_\_\_\_

## PHOTO/MEDIA RELEASE

I, **GIVE or DO NOT GIVE (please circle)** the Episcopal Diocese of Nebraska permission to record my participation (or the participation of the above named minor) as part of this Youth Mission Trip by photo, video, electronic, or audio means. Additionally, the Episcopal Diocese of Nebraska may use these recordings in any future presentation (print, video, website, or social media) without payment of fees, royalties, special credit, or other compensation.

Full name of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardians Date of Birth: \_\_\_\_\_

# DRIVER CONSENT & TRANSPORTION HOME AGREEMENT

(Exception to the Diocesan Driving Policy)

For your child's safety, the Diocesan Driving policy for Youth Groups states that for any youth group activity there are to be two adults in every vehicle transporting youth to and from an activity. However, there may be times when this is not always possible, therefore an exception needs to be made.

**Driver Consent:** I agree to allow Fr. Tom Jones, or one of the authorized drivers of this trip, to drive my son or daughter without another adult or child in the car, or van, for the express purpose of transporting them between youth group activities that are part of the Youth Mission Trip to the Rosebud Indian Reservation. This exception is valid only for the dates of this trip. I understand that I may notify the trip coordinator in writing that I am no longer agreeable to the exception at any time during the Mission trip.

**Transport Home:** In addition, I/we, the undersigned, on my/our behalf, or as the parents or guardians having legal custody of the above named participant, a minor, have given our consent for him/her to attend a mission trip organized by the Episcopal Diocese of Nebraska, or are of legal consenting age myself. I/we understand that a member of the Episcopal Diocese of Nebraska Mission Team or the lead adult of our group may need to send a participant home as a result of illness or discipline problem. I/we understand if the participant named above is dismissed from the mission site, I/he/she will be transported home at my/our expense. The lead adult of our group will contact the parent or guardian to arrange such transportation.

Full name of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardians Date of Birth: \_\_\_\_\_