

**David, KY Mission 2019**  
***PARTICIPANT CONSENT FORM***

Full Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

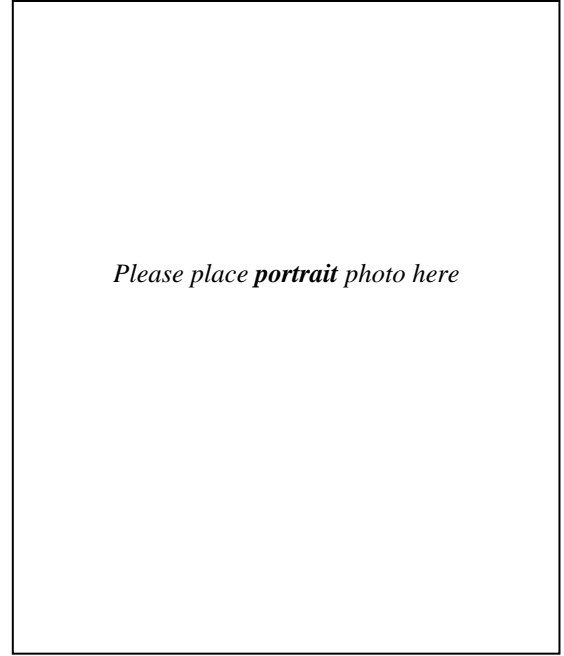
Birthday \_\_\_\_\_ Age \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Parent's Cell \_\_\_\_\_

Email \_\_\_\_\_



**To Whom It May Concern:**

I do hereby choose to participate in the St. Francis Mission to David, KY from June 9 through June 14, 2019.

In the event that I am unable to act on my own behalf, I authorize Raleigh Langley or Libby Garfield to consent to any x-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment and hospital care, to be rendered to me under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

The undersigned shall be liable and agrees to pay all costs and expenses incurred in connection with such medical and dental services rendered to me pursuant to this authorization. Should it be necessary for me to return home for any reason, I will assume all transportation costs.

**Participant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

If Under 18:

**Parent/Legal Guardian (print)** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent/Legal Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Will you need to take any **prescription drugs** or medicine while on this trip?  yes  no

If yes, please list the medicines and dosage:

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Do you have any known **allergies to any medications**?  yes  no

If yes, please list them here \_\_\_\_\_

Do you have **any** known allergies (hay fever, food, unusual sensitivity to Poison Ivy, etc?)  yes  no

If yes, please list them here \_\_\_\_\_

Do you have any **dietary restrictions**?  yes  no

If so, please list them here \_\_\_\_\_

Hospital Insurance  yes  no

Insurance Company \_\_\_\_\_

Name of Cardholder \_\_\_\_\_

Group Number \_\_\_\_\_

Policy Number \_\_\_\_\_

Doctor's Name \_\_\_\_\_

Doctor's Phone # \_\_\_\_\_

Please affix photocopy of insurance card here

Name of Emergency Contact(s) \_\_\_\_\_

Emergency Contact Phone Number(s) \_\_\_\_\_

## **PARTICIPANT'S AGREEMENT**

I will not bring or use alcohol, tobacco products, non-prescription drugs, or act out inappropriate sexual behavior while attending a St. Francis in the Fields Episcopal Church event. I understand, should I choose to do so, I will be sent home at my expense. I will not bring any medicine on the trip except in its original container.

**Participant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent Signature (If Under 18)** \_\_\_\_\_ **Date** \_\_\_\_\_

The Department of Youth and Young Adults, and the Youth Council of DYCA, do not condone smoking at diocesan youth events. While smoking is an issue to be resolved between individual youth participants and their parents, we endorse the General Convention 1991 Statement as follows:

The General Convention of the Episcopal Church meeting in Phoenix, Arizona, resolved that "all members of this Church (be reminded) that they have a responsibility for the care of their body as the temple of God, which includes a healthy diet and regular exercise *and the avoidance of all types of substance abuse.*" (July 1991)

We at St. Francis in the Fields Episcopal Church also regard this statement to be appropriate for our mission program.