

MINOR FORM

Generation 4:12 Mission Trip - July 7 - 13, 2019 Registration/Consent and Release/Medication Instructions (Under 18 years of age)

Childs Name _____
Address _____ City _____ ST _____ Zip _____
Birthdate ____/____/____ Grade Completed (as June 2018) _____ Gender: Male _____ Female _____

T-Shirt Size: CIRCLE ONE Youth: M, L Adult: S, M, L, XL, XXL

Parents/Legal Guardians Name: _____
Home Phone (____) _____ Cell Phone (____) _____ Work Phone (____) _____
Email _____
Physician Name: _____ Ph #: _____

Please do not send your child if they have a fever or illness within the past 24 hours. The entire mission team could be exposed to the illness.

If your child has any significant health issues or newly developed concerns after turning in this form please bring a report on the day of departure detailing care. Limitations your child may have will be discussed in private and reviewed on a case-by-case basis. Current limitations: _____

TETANUS SHOT DATE – Medical information may be needed in case of illness or injury.

Tetanus (Date) _____
Health History-List any recent illnesses, injuries and/or hospitalizations relevant to a physician in case of an emergency.
(Attach extra sheet if necessary) _____
Allergies: _____

All medications must be given to the designated Life Development person on the day of departure for the trip. Place medications in a large Ziploc bag with your child's name on the outside of the each bag. One Ziploc bag per individual medication. **Prescriptions must be in the original container** with the child's name and the current dosage. At drop off a medication card will be filled out by the parent for each medication. No medications will be given unless they are in original containers. If your child/student requires an inhaler or antidote for insect bites or allergies (prescribed by doctor) have them bring two (2) if possible to the mission trip. Special cases must be discussed in advance with a member of the Life Development staff.

I hereby authorize the designated Barefoot Church staffer, Ann Black, to make emergency medical decisions for my child, if I can't be reached. I understand that my insurance coverage will be primary coverage.

Name of Insurance Company: _____ Address _____ Phone # _____

Insurance in Name of: _____ Insurance Policy # _____

I do not have insurance: _____
Signature

IMPORTANT

I give permission for the designated Barefoot Church staffer, Ann Black (or her designee), to give the over-the-counter generic or name brands of the medications I have circled in accordance with standard label directions: If "None" is circled your child will not receive any medication until you or your emergency contact can be notified.

ALL	Tylenol	Ibuprofen	Antihistamine	Decongestant
NONE	Anti-Nausea	Anti-Diarrhea	Bug Bite Treatment	Cough Medicine

Last name : _____, First name: _____

Name of Medication	Dosage	Frequency / Time(s)	Comments

All medications should be listed whether over the counter or prescriptions. If your child takes it with food or after lunch or needs other special instructions, please note. If your child has difficulty taking medication, please attach a note and tell us the best way to get the child to take the medication. Attach separate sheet if additional space is needed.

If parents cannot be reached in an emergency, please contact:

Name: _____ Phone # _____ Relationship _____
 Name: _____ Phone # _____ Relationship _____

I, the undersigned parent or guardian, hereby consent to my child, _____ participating in the mission trip to the Real Life Church Campuses, in North Carolina, an event sponsored by Barefoot Church on July 7-13, 2019. I certify that my child is able to participate in all activities including but not limited to all activities and amenities during the mission trip.

We go on all mission experiences as a team so unfortunately limitations may not be able to be honored.

I UNDERSTAND AND HEREBY AGREE TO ASSUME ALL OF THE RISKS WHICH MAY BE ENCOUNTERED ON SAID ACTIVITY, INCLUDING ACTIVITIES PRELIMINARY AND SUBSEQUENT THERETO. I do hereby indemnify and hold harmless Barefoot Church, their officers, directors, agents, employees, volunteers and representatives (the "Indemnified Parties") from and against any and all liability, damages, actions, cause of action, claims, losses and/or expenses, including but not limited to attorney's fees, court costs and expenses, arising in connection with or based on injury to or death of any persons or property, including the loss of use thereof, caused in whole or in part by any member of the mission trip, regardless of whether or not caused in whole or in part by the negligence of the indemnified parties, or any one or more of them. However, this indemnification shall not apply to willful misconduct committed by the Indemnified Parties. I understand that part of the Mission experience involves activities and group living arrangements and interactions that may be new to my child, and that they come with certain risks and uncertainties beyond what my child may be used to dealing with at home. I am aware of these risks, and I am assuming them on behalf of my child. I realize that no environment is risk free, and so I have instructed my child on the importance of abiding by the mission expectations, and my child and I both agree that he or she is familiar with these rules and will obey them.

I further give permission and consent to Barefoot Church for any photographs, video and interviews to be taken during the mission trip to be published and used to illustrate, report, promote, and advertise the mission trip including on internet web sites and social media outlets promoting or reporting on the mission Trip. I hereby assign full copyright of these photographs to Barefoot Church with the reproduction either wholly or in part. I agree that they can be used separately or together, either wholly or in part, in any way and in any medium. I undertake not to prosecute or to institute proceedings, claims or demands against Barefoot Church or any of their employees or volunteers related to any actions in accordance with this paragraph.

I agree that venue for any dispute or cause of action arising between the parties, whether out of this agreement or otherwise, can only be brought in a court of competent jurisdiction, and such dispute or cause of action shall be governed by and construed in accordance with the laws of the States of North Carolina and South Carolina, exclusive of any provisions relating to conflict of laws.

I expressly agree that this release, waiver, and indemnity agreement is intended to be broad and inclusive as permitted by the law of the States of North Carolina and South Carolina and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This release contains the entire agreement between the parties here to and the terms of this release are contractual and not a mere recital. I agree that in any event that I take any legal action against Barefoot Church, which is decided in favor of Barefoot Church, I will be responsible for all legal fees, court costs, and out-of-pocket expenses of Barefoot Church, and employees. This Release shall remain in force until revoked. I agree to inform Barefoot Church immediately in writing if any information provided herein changes.

I further state that I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT. This is a legally binding agreement, which I have read, understood and accept.

Signature of Parent or Legal Guardian _____ Date _____

Minor's Signature _____ Date _____

HIPAA Release Authority:

I intend for Barefoot Church and volunteers to be treated as I would be treated with respect to my rights or my child's/ward's rights regarding the use and disclosure of my child's/ward's individually identifiable health information or other medical records, but only to the extent reasonably required to notify the Legal Guardians and to make any decisions or grant any consents expressly granted to Barefoot Church, it's staff and volunteers in this instrument. This release authority applies to any information governed by the Health Insurance Portability and Accountability Act (a/k/a HIPAA), 42 USC 1320d and 45CFR 160-164.

I authorize any physician, health-care professional, dentist, health plan, hospital, clinic, laboratory, pharmacy or other covered health-care provider, any insurance company and the Medical Information Bureau, Inc. or other health-care clearinghouse that has provided treatment or services to my child, or that has paid for or is seeking payment for such services to give, disclose and release to Barefoot Church, without restriction, my child's/ward's aforementioned individually identifiable health information and records regarding any past, present or future medical or mental health condition, including all information relating to the diagnosis and treatment of HIV/AIDS, sexually transmitted diseases, mental illness, and drug or alcohol abuse, but only to the extent reasonably related to or reasonably necessary in connection with any treatment of my child/ward pursuant to the authority to consent granted to Barefoot Church in this instrument.

The authority given to Barefoot Church and volunteers shall supersede any prior agreements that I may have made with my child's/ward's health-care providers to restrict access to or disclosure of my child's/ward's individually identifiable health information. The authority given to Barefoot Church and volunteers shall expire on the first to occur of the following: (i) the completion of the subject treatment of my child; (ii) the time that my child's Legal Guardian become personally and actively involved with the provider of such treatment services to my child/ward; or, (iii) in the event that I revoke the authority in writing and deliver it to my child's/ward's health-care provider. Otherwise, the authority given to Barefoot Church has no expiration date. The request for and/or receipt of any of my child's/ward's health information or records shall constitute an agreement between the Barefoot Church, on the one hand, and my child/ward and his Legal Guardian, on the other hand, to keep all such health information and records confidential from all persons other than my child/ward and the Legal Guardians, without my prior written consent.

I agree to pay and I assume all financial obligations for medical treatment and services provided to my child/ward at the request and consent of Barefoot Church pursuant to the authority granted in this instrument to the extent such financial obligations are beyond those covered by insurance.

Parent/Guardian

Witness

Date

For more information on the South Carolina HIPPA laws visit <http://www.scdhec.gov/library/ML-025080.pdf>