

Spring Break Mission Trip

Covenant Mountain Mission Bible Camp

Name: _____ M _____ F _____ Age _____

Birthdate: _____ Email: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Cost for trip: \$120 (cost covers transportation, accommodations, and meals)

Make checks payable to ECC

Please bring additional spending money for snacks and souvenirs.

Parental Release & Emergency Medical Care Form

Student's Name: _____

I give my permission for the above-named student to join the Youth Group of Evangelical Covenant Church on their mission trip to Covenant Mountain Mission Bible Camp in Jonesville, Virginia on March 23-30, 2019. I understand that the group will travel in rented and privately-owned vehicles driven by various adult chaperones under the leadership of Tim Overman.

I hereby release Evangelical Covenant Church, its staff and adult sponsors from responsibility to liability for any injury or illness that my child may sustain during the activity. In the event of an emergency, I hereby authorize an adult chaperone to act as my agent to give consent to any doctor, surgeon or dentist licensed to practice under the laws of the state where the services are rendered, either at a doctor's office or in any hospital or medical facility. I understand however, that the sponsors will try to first contact me in the event of an illness, accident or emergency before seeking medical treatment, if time permits.

Signature of Parent or Legal Guardian: _____

Date: _____ Emergency Phone Number(s): _____

Medical Information

Allergies: _____

Medications being taken: _____

Physical handicaps, limitations or special needs: _____

Medical Insurance Co. _____ Group Policy #: _____

Insured Name: _____ ID # _____