

Brandywine Valley Church
Brandywine Students Mission Projects

I give my permission for _____, grade _____, to participate in Brandywine Valley Church's Student Ministries mission trip to _____.

Departure Date: _____ Return Date: _____

This permission includes all team meetings and the Renew Student Conference as well as any additional Brandywine Students mission trip activities.

Although the church desires to provide a safe and enjoyable time for all students, accidents can still happen. I understand that there are risks/dangers involved with participation in off-site trips and their associated activities. In consideration of my child being allowed to participate in this event, I assume responsibility for those ordinary and reasonable risks associated with the travel and activities. I agree to hold harmless Brandywine Valley Church, its affiliated organizations, employees, agents, and representatives, including volunteer and other drivers from any and all claims arising from my child's participation. This release agreement does not apply to claims of intentional (criminal) misconduct or gross negligence by the church, its employees, or volunteers. If such circumstances are proved in a court of law, I acknowledge and agree that the church can assume no financial liability beyond its actual liability insurance policy in force.

In case of accident, illness, or other emergency, I request that the church contact me. If the church cannot reach a parent/guardian after reasonable effort, I give permission for church staff or Student Ministry volunteers to call paramedics or any licensed physician or dentist. If a life-threatening emergency exists, I give permission for church staff or Student Ministry volunteers to immediately call paramedics and then contact me as soon as possible thereafter.

I authorize and consent to any X-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment, and hospital care which, in the best judgment of a licensed physician or dentist, is deemed advisable. I agree to assume the financial responsibility for expenses incurred as a result of those services being provided. I also agree to be financially responsible for emergency medical transportation.

Parent/Guardian's Signature & Date

Relationship to Student

Parent/Guardian's Name Printed

Parent/Guardian's Phone Number



Mission Trip Release/Emergency Medical Form
Brandywine Valley Church
Brandywine Students Mission Projects

Name: _____ Telephone #: _____ Date of Birth: _____

Address: _____

City, State, ZIP: _____

Allergies (including food, plant, animal, reactions to medication, etc.): _____

May Tylenol (acetaminophen) be given? _____ Advil (Ibuprofen)? _____

Medications currently being taken: _____

Any other medical conditions or information not listed above we should be aware of: _____

Local physician's name: _____ Telephone #: _____

Physician's office address: _____

City, State, ZIP: _____

Local dentist's name: _____ Telephone #: _____

Dentist's office address: _____

City, State, ZIP: _____

Insurance company: _____ Group #: _____ Policy #: _____

Under the name of: _____ Relationship: _____

Preferred hospital: _____ Date of last tetanus shot: _____

Father Cell: _____ Mother Cell: _____

Nearest Relative or Neighbor to contact if parents unreachable (Name & Number)
