

CONSENT FOR MEDICAL TREATMENT; RELEASE AND HOLD-HARMLESS FOR TRAVEL

1. Students Name: _____ Birth date: ____/____/____ Social Security # ____-____-____

2. WHEREAS, I (Students Name) _____ choose to be a participant of Vineyard of the Rockies; VineYOUth

3., Which will be traveling to, and staying in _____ (country), I (Student) _____ understand that certain circumstances may occur resulting in my need for medical/dental care and treatment, and further resulting in my inability to personally give consent for such care and treatment; THEREFORE, In consideration of permission from Vineyard of the Rockies for myself to participate in said missionary short-term trip,

4. I, _____ (parent/legal Guardian), authorize Vineyard of the Rockies; VineYOUth, or any staff of Vineyard of the Rockies; VineYOUth, to act on my behalf should I be unable to do so and to consent for my child to all medical/dental care and treatment, including but not limited to diagnostic test, x-ray, examination, anesthesia, surgery, or other procedures which Vineyard of the Rockies, VineYOUth deems necessary for my child's medical well-being for the duration of the mission. This consent is given in advance of any specific diagnosis, treatment, surgery, or hospital care required and to the administration of any over the counter medications including but not limited to Tylenol, Advil, allergy medications, and is given to provide authorization and specific, consent for medical/dental treatment and care in my child's behalf. Any consent by Vineyard of the Rockies; VineYOUth shall have the same force and effect as if I had personally given the consent.

5. I certify that my child is covered by insurance, including foreign countries, with no territorial limitation, for the providing of medical services to him/her, which will provide secondary coverage for him/her during the duration of said mission. I understand that Vineyard of the Rockies; VineYOUth will provide Trip Insurance through Travel Guard that will cover the duration of the mission trip.

_____	_____	_____
Insurance Company	Policy #	Insurance Company Phone

I (Parent/legal Guardian) _____, hereby release Vineyard of the Rockies; VineYOUth, its agents, servants, employees and assigns for any and all damages, liability or costs resulting from the authorizing of medical treatment on my child's behalf under the terms of this consent. I further hold Vineyard of the Rockies; VineYOUth harmless and agree to indemnify Vineyard of the Rockies; VineYOUth of any and all costs, damages or expenses incurred by Vineyard of the Rockies; VineYOUth as a result of any claim or action filed by any party alleging damages incurred as a result of any medical treatment provided or authorization for treatment provided. I understand that this release and indemnification releases treatment for the conduct of Vineyard of the Rockies; VineYOUth and its agents, servants, employees or assigns even if such conduct is negligent.

DISCIPLINE AGREEMENT

The rules and regulations of Vineyard of the Rockies; VineYOUth Short-term Mission are expressly designed to enhance the ministry experience, protect each member and maintain the high degree of Christian integrity required to minister effectively in a cross-cultural setting. The enforcement of all procedures and regulations are the responsibility of the Vineyard of the Rockies; VineYOUth Short-term staff, which includes Team Leaders and the Mission Pastor. This will be done in a manner that Vineyard of the Rockies; VineYOUth short-term staff feels is in accordance with Christian principles and the stated purpose of the project/trip. We expect the support of the members in disciplinary decisions made. The team leader and Mission Pastor reserve the right to send any team member home with the regard for the stated rules and regulations. The team member and/or his family are responsible for any cost involved in sending the team member home. These costs may include, but are not limited to, airfare, hotel room, and food for team member and chaperone if needed. We have read the Rules, Regulations and the Discipline measures and agree to abide by them.

Emergency Contact Information (Fill out at least 2 different contacts)

Name _____ Relationship to Applicant _____

Phone (____) _____ Cell (____) _____ Work Phone (____) _____

Address _____ City _____ State _____ Zip _____

Name _____ Relationship to Applicant _____

Phone (____) _____ Cell (____) _____ Work Phone (____) _____

Address _____ City _____ State _____ Zip _____

Student's Childhood Immunizations (please do not leave blank)

Yes ___ No ___ Mumps/Measles/Rubella _____ Year Administered Yes ___ No ___ Tetanus _____ Year Administered

Yes ___ No ___ Diphtheria/Pertussis/Tetanus _____ Year Administered Yes ___ No ___ Polio _____ Year Administered

Please complete the following questions: (all answers will be kept confidential and won't necessarily cause for disqualification from the trip)

Is your child currently taking any prescribed medication? Yes ___ No ___ If yes, please specify the medication and the dosage: _____

Is your child currently using any non-prescription drugs on a regular basis, such as antihistamines or sleeping aids?

Yes ___ No ___ If yes, please specify: _____

Is your child presently under a physician's care for any illness? Yes ____ No ____ If yes, please explain:

What was the date and who was the physician of your last physical exam? _____

Are there any or has your child ever had any serious health issues that need to be factored into your participation on this trip or in the event of a medical emergency? _____

Please list any allergies your child has? _____

Please list all surgical operations or hospitalizations the participant has undergone.

1) Operation, illness _____

Reason _____ Date ____/____/____ Remaining Effects _____

2) Please provide any details pertaining to your health not covered in this Travel Release Form.

Please answer all:

- | Y | N | | Y | N | |
|--------------------------|--------------------------|---|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Asthma or Chronic wheezing | <input type="checkbox"/> | <input type="checkbox"/> | Mental Health Counseling treatment/depression |
| <input type="checkbox"/> | <input type="checkbox"/> | Any other respiratory problems | <input type="checkbox"/> | <input type="checkbox"/> | Fainting spells |
| <input type="checkbox"/> | <input type="checkbox"/> | Cysts or Tumors of any kind | <input type="checkbox"/> | <input type="checkbox"/> | Convulsions, epilepsy or seizures |
| <input type="checkbox"/> | <input type="checkbox"/> | Chronic or persistent cough | <input type="checkbox"/> | <input type="checkbox"/> | Parkinson's disease |
| <input type="checkbox"/> | <input type="checkbox"/> | Skin disorder other than acne | <input type="checkbox"/> | <input type="checkbox"/> | Anemia or any other blood disorder |
| <input type="checkbox"/> | <input type="checkbox"/> | Attempted suicide | <input type="checkbox"/> | <input type="checkbox"/> | Serious bodily injury |
| <input type="checkbox"/> | <input type="checkbox"/> | Intentionally inflicted harm on oneself | <input type="checkbox"/> | <input type="checkbox"/> | Thyroid ailment |
| <input type="checkbox"/> | <input type="checkbox"/> | Diabetes or Hypoglycemia (low blood sugar) | <input type="checkbox"/> | <input type="checkbox"/> | Severe allergic reactions |
| <input type="checkbox"/> | <input type="checkbox"/> | Circulatory trouble | <input type="checkbox"/> | <input type="checkbox"/> | AIDS virus or HIV |
| <input type="checkbox"/> | <input type="checkbox"/> | Hearing or Vision Impairment | <input type="checkbox"/> | <input type="checkbox"/> | High or Low Metabolism |
| <input type="checkbox"/> | <input type="checkbox"/> | Kidney Problems | <input type="checkbox"/> | <input type="checkbox"/> | Gall bladder stones or colic |
| <input type="checkbox"/> | <input type="checkbox"/> | Tuberculosis | <input type="checkbox"/> | <input type="checkbox"/> | Prostate problems |
| <input type="checkbox"/> | <input type="checkbox"/> | Rheumatism, Arthritis, Painful swollen joints | <input type="checkbox"/> | <input type="checkbox"/> | Venereal disease |
| <input type="checkbox"/> | <input type="checkbox"/> | Severe Knee Problems | <input type="checkbox"/> | <input type="checkbox"/> | Breast or menstrual disorder |
| <input type="checkbox"/> | <input type="checkbox"/> | Intestinal or bowel problems | <input type="checkbox"/> | <input type="checkbox"/> | High blood pressure/any cardiac problems |
| <input type="checkbox"/> | <input type="checkbox"/> | Cancer | <input type="checkbox"/> | <input type="checkbox"/> | Eating disorder |
| <input type="checkbox"/> | <input type="checkbox"/> | Persistent, recurring indigestion, stomach or duodenal ulcers | <input type="checkbox"/> | <input type="checkbox"/> | Any other disease or disability not listed above |

Medical and Travel Release: I (Parent/legal Guardian) _____ further authorize for (Student's Name)

_____ :Vineyard of the Rockies; VineYOUth to:

- Release any and all other medical information or records to any party deemed necessary by Vineyard of the Rockies; Everyday Exports Team, VineYOUth, its agents, servants, employees
- Assign for the providing of medical treatment to Everyday Exports Team or VineYOUth team leaders.

I hereby release and hold harmless Vineyard of the Rockies; Everyday Exports Team, VineYOUth, its officers, employees, agents, and representative/volunteers from all liability for personal injury, including death, as well as all property damage or loss arising out of my participation in this trip. I understand that this release and indemnification releases liability for the conduct of Vineyard of the Rockies; Everyday Exports Team, VineYOUth and its agents, servants, employees or assigns. I have read and understand the above information. The information I have given Vineyard of the Rockies; VineYOUth is accurate and true to the best of my knowledge.

Participant's Signature

Date

Parent/legal Guardian's Signature

Date