

**2021 Trinity Mission Team
Youth Health and Permission Form**

Date of Trip: February 14, 2021 through February 20, 2021

Location: Koinonia, Highland Lake, NY

Name of Youth: _____ Age: _____ Sex: _____

Parent / Legal Guardian: _____

Home Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Second Parent or Emergency Contact Person: _____

Address: _____

Phone: _____

Name of Youth's Doctor: _____ Phone: _____

Parent/Guardian's Insurance: _____

Name of Insured on Policy: _____

Policy or Group Number: _____

PLEASE ATTACH A COPY OF INSURANCE CARD (BOTH SIDES)

Any current medication or medical treatment: _____

Please send any medications in original containers. An adult from the group will be responsible to dispense and keep medications.

Permission:

I hereby give permission for my son/daughter to participate in the 2021 Mission Trip to Koinonia, Highland Lake, NY with Trinity Evangelical Lutheran Church.

Signature of Parent/Guardian: _____ Date: _____

Authorization for Treatment:

I hereby give authorization to Pastor Peter Boehringer and the leadership of the Mission Team, in the event I cannot be reached in an emergency, to secure treatment, including hospitalization, for my son/daughter as named above.

Signature of Parent/Guardian: _____ Date: _____