

Mexico Mission 2012 Application

Name _____

Address _____

Phone number _____ Grade (if youth) _____

E-mail _____

Any past mission trip experiences? _____

Gifts and talents you have to share _____

What are the primary reasons you would like to go on this mission trip?

What are your expectations and hopes for this trip?

What are your fears and concerns?

Please describe a “growth edge” for you?

Flexibility is key to mission work. What special challenges might you have?

Do you have any special medical training? _____

Do you speak Spanish? _____ If so, how well? _____

T-shirt size _____

Trip Preparation Teams (Please indicate your choice by a checkmark)

- Children's Ministry Team
- Food Team
- Congregation Liaison Team
- Project Team

Parents of minors: Are you in support of your youth going on this mission trip? _____

Will you make every effort to get him/her to the planning meetings? _____

Transportation – registrations are limited by the number of seats on the bus. Please indicate your tentative travel plans for our transportation planning.

- I plan to travel on the bus both ways
- I plan to fly both ways
- I plan to travel on the bus to the orphanage and fly home

Summer 2012 Trip

- I am interested in a summer trip to the orphanage, too, possibly in June
- I am interested in chaperoning for a summer trip (must be at least 25)

**Please return application, health form, code of conduct and a \$150 deposit
by January 8, 2012 to All Saints Lutheran Church
Cost for the trip is \$350/participant**

**The final trip payment and notarized permission to
travel form (for minors) is due by March 18, 2012**

**All Saints Lutheran Church
15915 Excelsior Blvd. – Minnetonka, MN 55345 – 952-934-3550**

Permission to Travel

Mission Trip to Nuevo Laredo, Mexico March 30-April 7, 2012

I, the parent/guardian of _____ have given permission for the above named youth to travel and participate in all activities surrounding the Mission Team Trip to Mexico, sponsored by All Saints Lutheran Church. The above named youth has my permission to travel from Minneapolis/St. Paul to Mexico, following the plans of the itinerary, which I have read. I understand that this trip also includes crossing into Mexico. The leaders of this trip have my permission to transport the above named youth across the Mexican/American Border.

In consideration of the opportunity for my child to participate and fully recognizing that such an undertaking involves an element of risk, we assume all risks and hazards incidental to such participation and do hereby release, absolve, indemnify, and agree to hold harmless All Saints Lutheran Church, their agents, employees and officers, and the chaperones, leaders, organizers and sponsors, and persons transporting our child to and/or from these activities. Neither All Saints Lutheran Church, nor any of said persons shall be held financially responsible for any injury, illness or death incurred as a direct result of this activity.

(sign in the presence of a notary public) By signing the above statements, I acknowledge that I have read, understand, and agree to the above statements.

Parent/Guardian Signature _____ Date _____

MEDICAL AUTHORIZATION

Allergies/Medical Conditions of which we should be aware: _____

Medications to be brought to event and when taken: _____

I, the parent/guardian of _____ do hereby authorize medical treatment for the above named youth, in the case of an emergency, during the above-noted event, sponsored by All Saints Lutheran Church. In the case that I am unable to be reached, I hereby authorize the leaders of this trip to act on my behalf, in securing medical treatment for the above named youth.

(sign in the presence of a notary public) By signing the above statements, I acknowledge that I have read, understand, and agree to the above statements.

Parent/Guardian _____ Date _____

PARENT(S) NAMES _____



TO BE COMPLETED BY NOTARY PUBLIC ONLY

State of Minnesota, County of _____

Signed or attested before me on _____

By _____

Signature of notary public _____

THIS FORM MUST BE SIGNED AND NOTARIZED BY LEGAL PARENTS/GUARDIANS OF THE YOUTH ATTENDING THE TRIP. IF PARENTS ARE DIVORCED, AND THE ABSENT PARENT STILL HAS CUSTODY RIGHTS, HE/SHE MUST ALSO SIGN AUTHORIZATIONS.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

PARENT(S) NAMES _____

HOME PHONE# _____

WORK PHONE# _____ WORK PHONE# _____

CELL PHONE # _____ CELL PHONE # _____

OTHER EMERGENCY CONTACT: _____ PHONE _____
(If a parent cannot be reached.)

MEDICAL INSURANCE COMPANY _____

POLICY NUMBER _____

Health History

Name _____ Age _____ Gender _____

Birth Date _____

Address _____ City _____

State _____ Zip _____

Home Phone (____) _____ Work Phone (____) _____

Emergency Contact _____ Phone (____) _____

Doctor's Name & Phone _____ (____) _____

Immunizations: DPT _____ Polio _____ Tetanus Booster _____

Conditions: Asthma _____ Epilepsy _____ Diabetes _____ Heart Trouble _____

Other _____

Allergies: Insect Stings _____ Hay Fever _____ Penicillin _____

Other _____

Food Allergies: Please list

Please list all medications (including over-the-counter or non-prescription drugs) taken routinely. Bring enough medication to last the entire time. Keep it in the original packaging/bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage, and the frequency of administration.

_____ I take NO medications on a regular basis. _____ I take medications as follows:

Med #1 _____ Dosage _____

Time taken _____

Reason:

Med #2 _____ Dosage _____

Time taken _____

Reason:

List others as necessary on other side.

Serious accidents, injuries, or other important information about special needs we should have:

Code of Conduct for Mexico Mission Trip Team Members

Because the purpose of this trip is to be servants of God to each other; the staff and children of Casa Hogar; and other people we serve in Mexico, my behavior and actions will reflect Christian morals and standards. Therefore:

- I will be mindful that this trip is about serving others, not myself.
- I will be respectful of all my team members and work to resolve any differences.
- I will take responsibility to clean up after myself on the bus, at the churches we stay at, and at the orphanage.
- I will not initiate or participate in any behavior that is confusing or suggestive toward others. Healthy boundaries demand that we have very intentional, sensitive interaction with the children.
- I will not use disrespectful, foul, or inappropriate language.
- I will not use any tobacco, alcohol or drugs. (Adults may choose to have an adult beverage with lunch in San Antonio.)
- I will respectfully follow instructions from the group leaders on the trip.
- I will be responsible to get adequate sleep so that I am ready to serve as needed.
- In the churches and while we are at the orphanage, I will follow the rules about not being in the sleeping quarters of the opposite sex.
- I will abide by the curfew and be in my sleeping quarters by 12:00 midnight.
- I will take responsibility to check the Mission Trip Communication Center to see when my Servant Team is assigned for food prep and/or clean-up. I will be on time to check in with my Servant Team leader for these times and will not leave until all work is completed and I have checked out with my Servant Team leader.
- I will take responsibility to be on time for and participate in the evening group and Servant Team meetings.
- I will never leave the orphanage alone. If I leave, it will be in a small group with at least one adult and after we've let others know we are leaving.

Print Name: _____

Signed: _____

Parent Signature for Youth under 18:

