



**St. Patrick Mission Trip
Huntingburg, Indiana
2017 Application**

Basic Trip Information:

Location: Catholic Heart Work Camp

Date: Sunday, July 23rd – Saturday, July 29th, 2016

Lodging:

Southridge High School
1110 S Main Street
Huntingburg, IN 47542

Participants: All participants must be at least rising freshmen (class of 2021) through graduating seniors (class of 2017).

Cost: \$365 per participant. This covers Catholic Heart Work Camp program fees, food, supplies, and other necessary items. 50% of the registration fee (\$182.50) is due by March 1st, 2017. The balance of the registration fee is due by May 1st. Please make checks payable to St. Patrick Church. In case of need, assistance/scholarship opportunities can be discussed.

Application: Deadline for Applications is **May 1st, 2017**. To apply for our 2017 summer mission trip. You can either drop off your application/payment to our Ministry Office, or mail it to:

Meg McDonough
St. Patrick Church
991 S. Waukegan Rd.
Lake Forest, IL 60045



2017 Mission Trip Application

Due by Monday, April 24th, 2017.

Youth Name: _____

Address: _____

Youth Cell Phone: _____

Youth E-Mail Address: _____

Age (during time of mission trip) & Birthday: _____

School/Grade: _____

Do you agree to participate in pre-trip meetings and fundraising to the best of your availability?

Yes:___ No:___

For Office Use Only:

Date Received: _____ Check Number: _____ Check Amount: _____

INDIVIDUAL MEDICAL RELEASE PERMISSION FORM

I hereby grant permission for the administration of first aid to my son/daughter,
_____, by the people of St. Patrick Church in charge of the service trip to Catholic Heart Workcamp on the dates of July 23-29, 2017, as their judgment deems advisable, and to make the necessary referrals to qualified physicians for treatment of illness or accidents of a more serious nature. I understand that I will promptly be notified in the event of any serious illness or accident and prior to any major surgery, except when the delay in such communication would endanger life. In case of medical emergency, I understand that every effort will be made to contact the parents/guardians of the participant. In the event that I cannot be reached I hereby give permission to the physicians selected by the adult staff to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery, if deemed necessary to my child. I further agree to pay any and all costs associated with treatment not covered by our insurance.

Signature of Parent/Guardian: _____

Name(s) of Parent(s): _____

Address: _____

Home Phone: _____ Cell Phone: _____

Parents' E-Mail: _____

Emergency Contact (other than parent/guardian): _____

Home Phone: _____ Cell Phone: _____

Relationship to Child: _____

Medical Insurance Information

Name of Insurance Company: _____

Policy #: _____ Group #: _____

Authorized Physician: _____

Telephone Number of Authorized Physician: _____

HEALTH HISTORY

Name: _____

Pre-existing or present medical condition(s): _____

Please, list the name and dosage of any medications that are currently being taken, or will be taken through the duration of the Mission Trip:

1. _____

2. _____

3. _____

Please, list any allergies: _____ Please,

list any food allergies: _____

Please, list any allergies to medication: _____

Please, check all that currently apply (if checked, please provide details in writing):

Hay Fever _____ Heart Condition _____ Diabetes _____ Asthma _____

Insect stings _____ Epilepsy/Nervous Disorders _____ Frequent Nausea _____

Hearing Impaired _____ Visually Impaired _____ Learning Disabilities _____

Please, list any physical disabilities or limitations: _____

Please, list any major illnesses your child has experienced in the past 12 months: _____

Estimated Date of Last Tetanus Shot: _____

Does your child have any dietary, swimming, or physical activity restrictions? _____

YOUTH PERMISSION AND PARENTAL GUARDIAN AUTHORIZATION

I hereby give permission for my child, _____, to participate and volunteer in the work trip to Catholic Heart Work Camp, sponsored by the Youth Ministry of St. Patrick Church, during the dates of July 23 – July 29, 2017.

I hereby release and indemnify St. Patrick Church in Lake Forest, its staff and volunteers, Catholic Charities of Chicago, and the Catholic Bishops of Chicago, a corporation sole from any and all liability arising from claims of any kind of nature whatsoever from my child's participation in this program.

Parent/Guardian Signature(s): _____

Date: _____

Print Name: _____



I hereby give **SAINT PATRICK CATHOLIC CHURCH** or any of its affiliates permission to:

___ Take, copyright and /or publish photographs, videos, audio recordings, or interviews of my child.

___ Interview my child about his or her experience and publish the interview in whole or in part without the right to review.

___ Send text messages to my child for church related events.

I understand these photographs, videos, audio recordings, or interviews may be used for publication and/or for other public affairs purposes, including publications, advertisements, displays and placement on the **SAINT PATRICK CATHOLIC CHURCH'S** website, as determined by **SAINT PATRICK CATHOLIC CHURCH**.

I hereby waive all rights that I may have to any claims for payment or royalties in connection with the use of these photographs, videos, audio recordings, or interviews, and agree that these photographs, videos, audio recordings, or interviews shall at all times be the property of **SAINT PATRICK CATHOLIC CHURCH**.

I hereby release **SAINT PATRICK CATHOLIC CHURCH** or any of its affiliates, employees or agents from all liability, including any claims for libel or invasion of privacy, directly or indirectly connected with, arising out of or resulting from the taking and authorized use of these photographs, videos, audio recordings, or interviews.

Date _____

Name of Minor: _____

(Please print)

Parent/Legal Guardian: _____

(Please Print)

Parent/Legal Guardian: _____

(Signature)