



# Bethlehem

CHRISTIAN ACADEMY

## Parental Consent Form for Minor Participation in Mission Trip

### Mission Trip Details:

- **Destination:** \_\_\_\_\_ [Location of Trip]
- **Dates:** \_\_\_\_\_ [Start] to \_\_\_\_\_ [End]
- **Trip Leader:** \_\_\_\_\_ [Leader's Name]
- **Contact Info:** \_\_\_\_\_ [Phone, Email]

### Participant Information:

Minor's Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Phone Number: \_\_\_\_\_

Parent/Guardian Email Address: \_\_\_\_\_

### Emergency Contact Information:

Emergency Contact Name: \_\_\_\_\_

Relationship to Minor: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Alternate Phone Number: \_\_\_\_\_

### Medical Information:

Health Insurance Provider: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Physician's Name: \_\_\_\_\_

Physician's Phone Number: \_\_\_\_\_

**Please list any medical conditions, allergies, or dietary restrictions:**

**Please list any medications the minor is currently taking:**



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## Parental Consent and Release

I, the undersigned parent or legal guardian of the above-named minor, hereby give my full consent for my child to participate in the mission trip organized by **The Nations Initiative** and/or **Bethlehem Christian Academy** to \_\_\_\_\_ from \_\_\_\_\_ **[Start Date]** to \_\_\_\_\_ **[End Date]**. I understand that the mission trip involves travel, activities, and service projects that may involve certain risks, including but not limited to travel-related risks, physical activities, and interactions with individuals in the local community. I acknowledge that **The Nations Initiative** and/or **Bethlehem Christian Academy** has made every effort to ensure the safety of all participants and will provide appropriate supervision during the trip. I hereby authorize **The Nations Initiative** and/or **Bethlehem Christian Academy**, its staff, and designated leaders to:

- Act on my behalf in the event of a medical emergency. I consent to any medical treatment deemed necessary by a licensed healthcare professional during the trip, including hospitalization, anesthesia, surgery, or other medical procedures.
- Administer over-the-counter medication (such as pain relievers, antihistamines, etc.) as needed to my child, following the dosage instructions.
- Use photographs or videos of my child taken during the mission trip for promotional or educational purposes, including in newsletters, social media, or other materials.

I release and hold harmless **The Nations Initiative** and/or **Bethlehem Christian Academy**, its leaders, employees, volunteers, and agents from any and all liability for any injury, loss, or damage to person or property that may occur during the mission trip, whether arising from negligence or otherwise, to the fullest extent permitted by law. I understand that I am responsible for providing accurate medical information and ensuring that my child has any necessary medications or treatments during the trip. I agree that my child will comply with the rules and guidelines set by **The Nations Initiative** and/or **Bethlehem Christian Academy** and the trip leaders, and I understand that failure to comply may result in my child being sent home at my expense.

### Acknowledgment:

I have read and fully understand this Parental Consent Form. By signing below, I agree to all the terms and conditions stated herein.

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Minor's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_