

ONLINE APPLICATIONS BELOW!!!!!!!!!!!!

MEDICAL FORM



Medical Insurance Provider _____

ID # _____ Group _____

*Will your current medical insurance cover you while travelling outside out of the United States?

No _____ Yes _____ If yes, provide copy of insurance card (front and back)

Name of Primary Physician _____

Address _____

City _____ State _____ ZIP _____

Phone _____

Emergency Contact _____ Relationship _____

Address _____

City _____ State _____ ZIP _____

Contact Phone _____ Work Phone _____

Check if you suffer from any of the following medical conditions

- | | |
|---|--|
| <input type="checkbox"/> Hypertension | <input type="checkbox"/> Chronic Anxiety |
| <input type="checkbox"/> Hypoglycemia | <input type="checkbox"/> Arthritis |
| <input type="checkbox"/> Bleeding Disorders | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Depression |
| <input type="checkbox"/> Seizures | <input type="checkbox"/> Glaucoma |
| <input type="checkbox"/> Insect Allergies | <input type="checkbox"/> Migraines |
| <input type="checkbox"/> Asthma | |

List any physical limitations _____

List all medications (prescription or OTC) taken on a regular basis _____

List Medical & Food Allergies _____

In addition to your physical health, your mental health is also very important to us. Please include the following information:

List Mental Health History _____

List Personal Counseling History _____

PARTICIPATION AGREEMENT-MINORS



Consent to Participate, Release, and Medical Authorization for Minors

Name _____

Age _____ Birth Date _____

Trip/Activity _____

Dates _____

I/We, the undersigned parent(s) or legal guardian(s) of the above-named minor (under 18), know that I may not be available to authorize medical care of said minor child and I wish to appoint someone to act in my place in my absence and to give such authorization. This authorization is intended to give The Rainier View Christian Church leaders (herein referred to as RVCC) the right to give consent to authorize emergency medical care.

It is intended that this document be presented to the physician or appropriate hospital or medical representative at such times as the medical care shall be authorized. It is intended that the authorization relieve the physician, dentist, person rendering such care at the hospital or institution in which such care is given, from any liability resulting from the failure of me, the parent or guardian of the above-named minor, from signing a consent or authorization to render such care. It is the intent that RVCC shall act in my stead in making such decisions.

I have provided the important medical facts, if any, on the medical history form. The medical facts are intended to help the doctor in deciding what treatment is to be given, but are in no way intended to restrict the giving of authorization or consent by RVCC. I understand that this form is in effect from the date signed and that it is my responsibility to inform RVCC of any changes to this form. **It is my understanding that this form also serves to establish my consent and permission for the above-named minor to participate in RVCC programs and to be photographed for use by RVCC in advertising and public relations.**

SIGNATURE #1

Parent/Guardian Signature _____ Date _____

Printed Name _____

Address _____

City _____ State _____ ZIP _____

Contact Phone _____ Work Phone _____

SIGNATURE #2 (IF APPLICABLE)

Parent/Guardian Signature _____ Date _____

Printed Name _____

Address _____

City _____ State _____ ZIP _____

Contact Phone _____ Work Phone _____

Return form to trip leader

**PARENT/LEGAL GUARDIAN AUTHORIZATION
LETTER FOR INTERNATIONAL TRAVEL**



Parent/Legal Guardian Authorization Letter for International Travel

I (we) authorize the minor child, _____ ,
with passport number _____ issued by The United States of America
on ___/___/_____ and being born in _____
on ___/___/_____ to travel on any occasion to and within the territory of

_____ as well as to return to the country of residence, unaccompanied or under the responsibility of (name of trip leader or sole parent) _____
of _____ nationality and residing at
_____ Passport number _____ issued by The United States of America on ___/___/_____ and being born on ___/___/_____ [and being the legal guardian or birth parent of the minor child]

Signature of Parent _____
Print Name _____
Date _____

Signature of Parent _____
Print Name _____
Date _____

(seal)
**STATE OF WASHINGTON
COUNTY OF PIERCE**

The foregoing letter was acknowledged before me this _____ day of _____, 20 _____
by _____
Commission Expires: _____

Notary Public Instructions

1. The parent or legal guardian of a minor must complete, sign, acknowledge and deliver this authorization letter to the team leader or short-term mission coordinator for any international travel by a minor.
2. Need one original letter for each country on child's itinerary.
3. Signature must be acknowledged by a Notary Public.

Return form to trip leader.

TEAM COVENANT



These are the foundations from which we serve as a team

As a body united in Christ, consecrated to the task of sharing His love, we covenant with one another before God to:

- *Pray together before all major decisions and events, including travel, and work days.*
- *Share openly and unashamedly our thoughts, joys and fears with one another.*
- *Share our experiences with one another, both good and bad.*
- *Pray for one another daily in faith, and bear one another's burdens in love.*
- *Never trivialize someone else's feelings or betray a confidence.*
- *Refrain from engaging in sarcastic humor.*
- *Clear up any grievances we have with one another before the sun goes down.*
- *Speak honestly with one another.*
- *Assume the best of each other's motives in any situation.*
- *Always be quick to listen, slow to speak and slow to become angry.*

Signature _____

Date _____

Return form to your team leader