

MINOR MTW Release Form (0 - 17 years)

Participant – please complete ALL information requested and have **both parents sign** your form. Note that your **form must be notarized if traveling to Chile, Jamaica or Mexico.** Give completed form to your team leader.

Team Leader – please review and sign each form; send copy to MTW & take original to the project)

Participant's Name: _____ Project Location: _____
 Birth Date (mo/day/yr): _____ Project Dates: _____
 Gender (male/female): _____ Church: _____
 Address: _____ Church City/State: _____
 City, State, ZIP: _____ Team Leader: _____
 Parents Names, Home Phone & Email: _____
 Alternate Emergency Contact Name and Phone: _____

PROJECT INSURANCE COVERAGE and REQUIREMENTS

WHAT WE PROVIDE: MTW Short-term provides \$75,000 Travel Medical Coverage for each participant. This includes emergency evacuation expenses when necessitated by circumstances occurring more than 50 miles from home. This coverage is provided for all participants in the short-term program and is included in the project cost.

WHAT WE REQUIRE: MTW's project insurance acts as a secondary coverage. Each participant is required to have his/her own primary medical coverage. For International projects, the primary coverage must cover them while overseas. Any participant, who does not have a primary medical insurance policy, must apply for supplementary coverage. Additional information and recommendations are attached to this form.

Please indicate the status of your primary medical insurance:

US Projects:

- "I do have a primary medical insurance policy." Insurance Company: _____
 "I do not have primary medical insurance, but I am applying for supplementary coverage."

International Projects:

- "I do have a primary medical insurance policy, and I have confirmed that it will cover me while outside the U.S. on this project." Insurance Company: _____
 "I have primary medical insurance, but it will not cover me outside the U.S.; I am applying for supplemental coverage."
 "I do not have primary medical insurance; but I am applying for supplementary coverage."

PERMISSION TO TRAVEL AND RELEASE OF LIABILITY:

"As a parent or guardian, I give my permission for (name): _____ to travel to (location): _____ to participate in MTW's Short-Term Missions Program on the following dates: _____, 2010."
 "I am aware of the inherent risks and dangers to my child in traveling to and ministering in other countries and the potential risks to my child and his/her property as a result of participation in the {name of project: _____ project (including but not limited to illness, injury, acts of terrorism, death, robbery, kidnapping, or other loss or destruction of life or property). I fully assume these risks, understanding that MTW cannot be responsible for any personal loss or disaster that my child may experience in connection with his/her volunteer ministry service to MTW. I hereby agree to waive and release any and all claims and causes of action for damages or other relief that I may have against MTW, the Presbyterian Church in America, my sending church/organization, any of their affiliated or member entities, and their respective officers, directors, employees, agents, attorneys, or representatives, based on my child's volunteer services for MTW. I acknowledge personal responsibility for my child's actions outside the direction of ministry personnel, or the scope of this ministry project or program. I understand that this release of liability is effective only as it applies to, and as interpreted by the laws of the countries involved."

Both parents should sign. Do not leave blanks. Please indicate if a parent is deceased or divorced with no custody.

Signature of Father*: _____ Date: _____
 Signature of Mother*: _____ Date: _____
 Other Legal Guardian: _____ Relationship: _____ Date: _____

MTW RELEASE FORM - MINORS (0 - 17 years)

A. Medical History: Please check any conditions for which the participant has been treated or seen a physician.

Heart Trouble		Kidney Stone or Infection		Digestive / Intestinal Disorder
Heart Murmur		Bladder Stone or Infection		Colitis
Abnormal Pulse		Gall Bladder Disease		Ulcer
Rheumatic Fever		Internal Bleeding		Gout
Chest Pain		Prostate Trouble		Deformity / Amputation
Stroke		Sugar, Albumin, Blood or Pus in Urine		Skin Disorder
High Blood Pressure		Psychiatric Problem		Hernia
Hardening of the Arteries		Emotional/Nervous Problem		Disease of Eyes
Diabetes		Epilepsy / Convulsion		Disease of Ears
Circulatory Disorder		Other Nervous System Disorder		Disease of the Nose / Throat
Blood Disorder/Disease		Cancer / Tumor		Bronchitis
Hepatitis		Dizziness / Loss of Consciousness		Tuberculosis
Anemia		Frequent Headaches		Other Lung Disorder
Thyroid/other Gland Problem		Arthritis		Asthma*
Cirrhosis / Liver Trouble		Sciatica		Allergy - Recurring**
Pregnant (currently): (<i>Pregnant women are not permitted to participate on projects rated as Intermediate, Substantial or High Risk. Check with your Project Administrator if you are not sure of your project rating.</i>)				

*Some project locations are high altitude. Check with your project administrator if you are not sure of your project altitude.)

** If you are allergic to bee stings, please bring a current bee sting kit and/or prescription medication to the project.

B. Please explain any conditions listed above that you have been diagnosed with or treated for in the past five years. (Include date of last treatment or office visit for each item checked).

C. What medication, if any, will the participant be taking during the project (and for what purpose)?

D. Immunizations and Medical Consent

1. "My child has had all routine immunizations, (*dT-diphtheria, tetanus, MMR-measles, mumps, rubella, and polio*)." Yes No
2. "My child has had a tetanus booster within the past 10 years."
 Yes No, but he/she will have by the beginning of the project.
3. "I have checked with my doctor, the CDC or a travel clinic and am aware of the immunizations recommended and required for the area in which my child will be traveling." Yes No
4. "In the event of a medical emergency, I hereby consent to the necessary and proper treatment, surgery, and/or anesthetic by a licensed physician or health care professional for my child."
(*name of child*): _____."

Both parents should sign. Do not leave blanks. Please indicate if a parent is deceased or divorced with no custody.

Signature of Father*: _____ Date: _____

Signature of Mother*: _____ Date: _____

Other Legal Guardian: _____ Relationship: _____ Date: _____

NOTARIZATION - Required only if traveling to Chile, Jamaica or Mexico

State of _____ County of _____. Acknowledged before me this _____ day of _____, 20__.

NOTARY PUBLIC: _____ (Notary Seal Required)

Date commission expires: _____

Form Reviewed By (Team Leader's Signature): _____ DATE: _____