

Permission Slip/Medical Release Form

# Jr. High Appalachia Mission Trip

White River Christian Church 1685 N. 10th Street • Noblesville, IN 46060  
www.wrcc.org • (317) 773-2233 • fax (317) 776-0356

This form is valid for the White River Christian Church Jr. High Appalachia Mission Trip, June 10-15, 2012.  
The individual's insurance will serve as the primary form of coverage with the church policy as secondary.

Student's Name \_\_\_\_\_ Grade (in fall of 2011) \_\_\_\_\_ Gender M F

Parents' or Guardians' Names \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Alternate Emergency Contact Name \_\_\_\_\_

Alternate Emergency Contact Phone \_\_\_\_\_

Health Insurance Company Name \_\_\_\_\_

Health Insurance Company Phone \_\_\_\_\_

Health Insurance Policy Number \_\_\_\_\_

**MEDICAL INFORMATION (use back of form if necessary)**

List any medications\* student is currently taking.

Name \_\_\_\_\_ Purpose \_\_\_\_\_ Dosage \_\_\_\_\_ Time(s) Taken \_\_\_\_\_

Name \_\_\_\_\_ Purpose \_\_\_\_\_ Dosage \_\_\_\_\_ Time(s) Taken \_\_\_\_\_

Name \_\_\_\_\_ Purpose \_\_\_\_\_ Dosage \_\_\_\_\_ Time(s) Taken \_\_\_\_\_

List any known food or drug allergies. \_\_\_\_\_

\*All medications must be in original containers and must be given to an adult leader to be dispensed. Students should not carry medications with them without leader's knowledge.

I hereby give permission for my child to participate in the the White River Christian Church Jr. High Appalachia Mission Trip, June 10-15, 2012. In the event of an emergency where medical treatment is required, I give permission to the church staff or sponsor to obtain medical treatment and/or medical procedures that may be required during the time my child is in the care of the mission trip staff and volunteer leaders.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_



Student Application Form for  
**White River Christian Church**  
**Jr. High Appalachia Mission Trip**  
 June 10-15, 2012

PAYMENT SCHEDULE

January 8, 2012	\$250
March 11, 2012	\$200
April 29, 2012	\$200
<b>Total Funds Due by April 29, 2012</b>	<b>\$650</b>

- Total cost of trip is \$650. While students are encouraged to invest in their own money in the trip, we will also provide a template students may use to solicit support from friends and family members.
- Make checks payable to WRCC/ Memo Line: Jr. High Mission Trip
- Return applications with checks to the Jr. High Check-in table or by mail to ATTN: Corey Willoughby
- THIS APPLICATION IS DUE ON DECEMBER 11, 2011
- Trip is limited to 15 students. Applicants must be entering 8th grade in fall of 2012 (currently in 7th).
- Applicants will be informed about acceptance by December 18, 2011.

APPLICANT INFORMATION

Last Name	First Name	Middle
Home Phone	Mobile	
Email Address		
School (if student)		

PERSONAL REFERENCES | Friends or family members who can vouch for your character.

1. Name	2. Name	3. Name
Address	Address	Address
Phone	Phone	Phone
Email	Email	Email

BRIEFLY EXPLAIN WHY YOU WANT TO GO ON THIS MISSION TRIP

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TELL US ABOUT YOURSELF | Please list any skills, interests, hobbies, or talents that might be useful on this trip.

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DESCRIBE YOUR RELATIONSHIP WITH JESUS CHRIST

Have you accepted Jesus as your personal savior?

Have you been baptized?

If you have been baptized, when?

What church do you attend?

Describe your relationship with Jesus Christ.

Describe how you study God's Word, The Bible.

Describe your prayer life.

**SIGNATURES** By signing below, you agree that if you are accepted for this trip, you will fully participate in all planned activities and you will follow the directions of the trip leaders.

(Signature Of Applicant)

Date

(Signature Of Parent or Guardian Who Has Custody if Child is Under 18 years of age)

Date