

MINOR MTW Release Form (0 - 17 years)

Participant – please complete ALL information requested. If you will be traveling outside the US you must have your form notarized. Give completed form to your team leader.

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

Legal 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: _____	

PARENTAL PERMISSION TO TRAVEL AND RELEASE OF LIABILITY

Both parents must sign this section. If a parent is deceased or divorced, please indicate so in writing.

“As a parent or guardian, I give my permission for my child _____ to travel to _____ to participate in MTW’s Short-Term Missions Program on the following dates: _____, 2012.”
 “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 _____ 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.”

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

NOTARIZATION (Required only if traveling outside the United States.)

State of _____ County of _____ Acknowledged before me this _____ day of _____, 20__.
 NOTARY PUBLIC: _____ Date commission expires: _____ (Notary Seal Required)

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. Recommendations have been provided to your team leader.

Please indicate the status of your primary medical insurance:

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

For International projects:

"I have verified that my primary insurance will cover me while outside the US."
 "My primary insurance will not cover me outside the US, but I am applying for supplemental coverage."

MTW RELEASE FORM - MINORS (0 - 17 years)**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.

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).

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

Immunizations

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

Medical Consent

Both parents must sign this section. If a parent is deceased or divorced, please indicate so in writing.

"**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*) _____."

Signature of Father: _____ Date: _____

Signature of Mother: _____ Date: _____

Other Legal Guardian: _____ Relationship: _____ Date: _____

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