



**ASES YOUTH MISSION 2012  
PERMISSION AND MEDICAL RELEASE**



Destination Fort Worth, TX (July 23-27, 2012)

Name of Student \_\_\_\_\_

Name of Authorizing Parent (PRINT) \_\_\_\_\_

Parent Email: \_\_\_\_\_ Student Email: \_\_\_\_\_

Circle T-Shirt Size (Adult sizes):    S    M    L    XL    XXL

Parent's/Guardian's Signature                      Date                      Phone #  
 \_\_\_\_\_ HOME \_\_\_\_\_ CELL \_\_\_\_\_

Emergency Contact (DURING THE EVENT)                      Phone # (DURING EVENT)  
 \_\_\_\_\_ HOME \_\_\_\_\_ CELL \_\_\_\_\_

I am sending the following medications with my child. I understand that all medications (prescription and over-the-counter) must be given to the designated adult sponsor for the duration of the mission.  
**Note:** Prescribed medications must be in an original pharmacy container with the correct name, date, instructions, and physician's name on the label.

Name of medication:	Usual dosage:
I. _____	_____
II. _____	_____
III. _____	_____

**Situations under which it should be administered:**

I. \_\_\_\_\_

II. \_\_\_\_\_

III. \_\_\_\_\_

**Payment:** \$125 [ ] (due with registration)    \$200 [ ] (due March 1, 2012)

You may go ahead and pay the full amount at this time, if desired.    \$325 [ ]

I would like to contribute \$\_\_\_\_\_ to the mission scholarship fund.

## STUDENT COVENANT

I understand that rules and expectations will be set for this event and will be explained by the mission leaders. I agree to obey them and the mission leaders, and I will behave in a responsible manner, realizing that I am a member of this school community. If I do not, I understand that I may be sent home at my parent's/guardian's expense. I also agree to participate in designated mission activities with a positive, encouraging, and community-driven attitude.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_