

HIGHPOINT STUDENT MINISTRY

JAMAICA MISSION TRIP 2026

Health, Medical Release & Permission Form

Trip Dates: July 27 – August 3, 2026

Destination: City of Refuge Children's Home – Jamaica

PARTICIPANT INFORMATION

Student Name: _____

Date of Birth: _____ Age: _____ Grade: _____

Home Address:

Student Cell Phone: _____

Student Email: _____

Passport Number: _____

Passport Expiration Date: _____

Country of Citizenship: _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian #1

Name: _____

Relationship to Student: _____

Cell Phone: _____

Work Phone: _____

Email: _____

Parent/Guardian #2

Name: _____

Relationship to Student: _____

Cell Phone: _____

Work Phone: _____

Email: _____

EMERGENCY CONTACTS

(If parents cannot be reached)

Emergency Contact #1

Name: _____

Relationship: _____

Phone Number: _____

Emergency Contact #2

Name: _____

Relationship: _____

Phone Number: _____

MEDICAL INSURANCE INFORMATION

Insurance Company:

Policy Holder:

Relationship to Student:

Policy Number:

Group Number:

Insurance Company Phone:

Please attach a copy of both sides of your insurance card.

MEDICAL HISTORY

Primary Physician:

Physician Phone:

Date of Last Tetanus Shot:

Does the student have any of the following?

Asthma Yes No

Diabetes Yes No

Seizures Yes No

Heart Condition Yes No

Severe Allergies Yes No

Anxiety/Panic Attacks Yes No

Depression Yes No

ADHD Yes No

Motion Sickness Yes No

Other Medical Conditions Yes No

If yes, explain:

ALLERGIES

List all allergies and severity of reactions:

Food Allergies:

Medication Allergies:

Environmental Allergies:

EpiPen Required?

Yes No

If yes, where will it be stored?

CURRENT MEDICATIONS

List all prescription and over-the-counter medications currently taken.

(Medications brought on the trip must be in original containers.)

Medication	Dosage	Frequency	Purpose
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DIETARY RESTRICTIONS

Vegetarian

Gluten-Free

Dairy-Free

Nut Allergy

Other:

TRAVEL & ACTIVITY INFORMATION

Has your student traveled internationally before?

Yes No

Can your student swim?

Yes No

Does your student have any physical limitations or restrictions?

Yes No

If yes, explain:

INFORMATION FOR LEADERS

Please share any information that would help our leaders better care for your student during the mission trip, including emotional concerns, behavioral considerations, fears, anxieties, learning challenges, homesickness concerns, or special circumstances.

MEDICATION AUTHORIZATION

I authorize HighPoint Student Ministry leaders to administer or assist with the administration of medications listed on this form according to provided instructions.

Parent Initials: _____

OVER-THE-COUNTER MEDICATION AUTHORIZATION

I authorize adult leaders to administer the following as needed according to package directions and age recommendations:

- Tylenol (Acetaminophen)
- Advil/Motrin (Ibuprofen)
- Benadryl
- Tums
- Pepto-Bismol
- Cough Drops
- Antibiotic Ointment

- Bandages/First Aid Supplies
- Sunscreen
- Insect Repellent

Parent Initials: _____

MEDICAL TREATMENT AUTHORIZATION

In the event of illness or injury, I authorize the adult leaders of HighPoint Community Church to obtain emergency medical treatment for my student if I cannot be reached immediately.

This authorization includes examination, diagnosis, treatment, hospitalization, surgery, anesthesia, transportation by ambulance, and other medical procedures deemed necessary by licensed medical professionals.

I understand every reasonable effort will be made to contact me before treatment whenever possible.

Parent Initials: _____

INTERNATIONAL TRAVEL AUTHORIZATION

I authorize my student to travel internationally with HighPoint Community Church to Jamaica from July 27 through August 3, 2026.

I understand international travel may involve risks including illness, injury, transportation delays, weather disruptions, and other unforeseen circumstances.

Parent Initials: _____

TRANSPORTATION AUTHORIZATION

I authorize my student to travel by commercial airline, church-approved vehicles, charter transportation, and transportation provided by approved ministry partners during the mission trip.

Parent Initials: _____

PHOTO & MEDIA RELEASE

I grant permission for photographs and videos of my student to be used by HighPoint Community Church for ministry, promotional, website, social media, and church communication purposes.

Yes No

LIABILITY ACKNOWLEDGMENT

I understand participation in a mission trip involves certain risks. I voluntarily allow my student to participate and agree to release and hold harmless HighPoint Community Church, its staff, volunteers, leaders, and ministry partners from liability arising from ordinary risks associated with participation.

I understand that I am financially responsible for any medical expenses not covered by insurance.

I further understand that if my student must be sent home due to illness, injury, behavioral concerns, or violation of mission trip expectations, I may be responsible for associated transportation expenses.

Parent Initials: _____

PARENT/GUARDIAN CONSENT

I certify that the information provided on this form is accurate and complete to the best of my knowledge.

I have reviewed the Jamaica Mission Trip Expectations & Guidelines with my student and understand the requirements for participation.

Parent/Guardian Signature:

Printed Name:

Date:

STUDENT AGREEMENT

I have read the Jamaica Mission Trip Expectations & Guidelines and agree to follow them throughout the trip.

Student Signature:

Date:

FOR OFFICE USE ONLY

- Passport Copy Received
- Insurance Card Received
- Medical Information Reviewed
- Medications Received
- Parent Contact Verified

Reviewed By: _____