

# Solid Rock Trip Form

Student's Legal Name _____		
Nickname _____	Grade _____	Date of Birth _____
Street Address _____		
City, State, Zip Code _____		
Home Phone _____	Student's Cell _____	
Emergency Contact Person _____		
Home Phone _____	Cell Phone _____	
Medical Doctor _____	Phone # _____	
Medical Insurance _____	Phone # _____	
Policy & Group # _____		
Family Dentist _____	Phone # _____	
Dental Insurance _____	Phone # _____	
Policy & Group # _____		

Allergies \_\_\_\_\_

Below Please List All Medication Taken or Special Medical Treatments Needed:

(this includes physical limitations as well, such as casts, elbow braces, etc.)Any additional needs, please attach a separate sheet of paper.

Medication	Dosage	Special Instructions

Payments: <u>office use only</u> (please print amount received with date received)		
Deposit: _____	Payment: _____	IPOs: _____

# Solid Rock Trip Covenant

During any Solid Rock trip, we hold students and adult leaders to a high level of conduct whether we are at a work site on a mission trip or on a camp site during a retreat. We expect gracious hearts, a servant attitude, and love for ALL people following the example of Jesus. We base this covenant off of our Solid Rock Covenant and Philippians 2:3-5, *“Do nothing from selfish ambition or conceit, but in humility regard others as better than yourselves. Let each of you look not to your own interests, but to the interests of others. Let the same mind be in you that was in Christ Jesus.”* We hold students and adult leaders to the Solid Rock Covenant and the below items with zero tolerance:

- I will respect the property on which we are staying, working, or playing. Vandalism, disturbing the peace or inappropriate behavior as determined by the adult leader(s) will not be tolerated. I understand that I will pay for any damages that I cause.
- Sex, drugs, alcohol, and any tobacco products will not be consumed or distributed during any Solid Rock trip. I will not remain in the presence of individuals who are using or asking about these prohibited items. Drug paraphernalia is also considered inappropriate.
- I will dress and speak in a manner that is respectful and courteous to all members. Cursing and gossip are not acceptable.
- I will abide by the curfew set by the adult leader(s). Lights out means all lights will be turned off and I will be in bed and quiet.
- I agree the public displays of affection (PDA) and sexual contact are inappropriate during a Solid Rock trip.
- I will remain with the group at all times unless small groups are permitted to break away. If there is a need for me to leave the group (ie. Bathroom, etc.) I will first inform an adult leader of my location.
- I agree that all personal items brought on this trip are my responsibility. Any lost, stolen, or broken items are not the responsibility of the adult leader(s).
- I will respect and listen to the adult leader(s) at all times, even if I do not agree with them, knowing that they know what is best for me and only want to keep me safe.
- I will participate fully in all activities with a servant heart and joy, unless otherwise discussed with an adult leader.

I understand that by breaking this covenant, the adult leader(s) may choose to send me home at my parent's expense. In this case, I will be the one to contact my parents, with the supervision of an adult leader(s), and explain to them why I am being sent home. Upon the groups return from the trip, I will then meet with the adult leader(s) and my parents to further discuss the issues that occurred on the trip.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

As the parent or legal guardian of the above student, I understand the expectations set forth for my student. I will expect the same behavior from them as the group does. In the event of my student breaking this covenant, I agree to pay for his/her transportation home through the most convenient means of transportation for the group. This will be done in a timely manner as to not take away from the rest of the group's experience.

I consent to any x-ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care under the general or special supervision and upon the advice of or to be rendered by a physician and surgeon licensed under the Medical Practice Act for my child. This authority also extends to any x-ray examination, anesthetic, dental, or surgical diagnosis or treatment and hospital care by a dentist licensed under the Dental Practice Act for my child. I further agree to pay all charges for the dental, medical, or hospital care or treatment.

As parent or legal guardian of my child, I am responsible for the health care decisions of my child and am authorized to consent to the services to be rendered. I represent that my consent to and agreement to pay for the dental, medical, or hospital care or treatment to be rendered to my child is legally sufficient and that no consent from any other person is required by law.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date