Faith Lived
Faith Loved

G.I.G

Getting Involved Globally
Youth Mission Experience Programme

Student Registration Form

Personal Details

Name: _____ *(As appears in Passport)*

Address: _____

Telephone (H)_____ (W)_____ (M) _____

Email:_____ Date of birth: _____

British Citizen: Y / N   Gender: M / F

Passport no:_____ Place of birth: _____

Place of Issue: _____   Valid to:_____/____/____

Person to Contact in an Emergency

Name: _____ Relationship: _____

Telephone (H)_____ (W)_____ (M) _____

Doctor's name: _____ Phone number:_____

Address of surgery: _____

missio Scotland

Registration Form
www.missioscotland.com
martin@missioscotland.com

Medical History

Has the participant ever suffered from any of the following?

Allergies	YES ( )	NO ( )	Heart condition	YES ( )	NO ( )
Asthma	YES ( )	NO ( )	Psychiatric disability	YES ( )	NO ( )
Blackouts	YES ( )	NO ( )	Epilepsy or fits	YES ( )	NO ( )
Diabetes	YES ( )	NO ( )	Fears/phobias	YES ( )	NO ( )
Nose bleeds	YES ( )	NO ( )	Travel sickness	YES ( )	NO ( )

Is the Participant currently on any medication?   YES ( )   NO ( )

Please provide details of any prescribed medication:

Medication name: _____ Dosage frequency, times to be taken: _____

Date of last tetanus injection: _____

Special dietary requirements: _____
   (It may not be possible to cater for special dietary requirements on this immersion trip)

Asthma Management Plan

Medication_____ Dosages: _____

Additional medications in event of attack: _____

Peak Flow Readings: _____ Expected best: _____

Known trigger factors: _____ Requiring medical assistance: _____

Allergenic Reaction Management Plan

Allergy: _____ Signs and symptoms: _____

Preventative medication: _____

Details of treatment in event of reaction: _____

Is the participant at risk of an anaphylactic reaction to allergy?   YES ( )   NO ( )

Has the participant been admitted to hospital for allergic reaction?   YES ( )   NO ( )

Does the participant take adrenalin (epi-pen) for allergic reaction?   YES ( )   NO ( )

Please provide details for any conditions to which you have answered "YES". A Missio Scotland staff member may be in contact with you for further information.
If the answer to any of these last three sections is YES participation in the program depends on the full documented recommendation of your doctor and agreement by the organisation.

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Parental Authority and Consent

I _____ parent / guardian give permission for _____ to

participate in the Missio Scotland GIG Programme to _____

from _____ (dates)

and

Consent to my child travelling on or in any form of transport deemed by the group leaders to be necessary or desirable.

Consent to my child participating in all activities associated with the program.

Certify that Missio Scotland and / or its employees and tour leaders will not be responsible for any act or omission of any medical or dental practitioner attending to or treating my child.

Certify that if my child should consume or be in the possession of drugs or alcohol or behave in any way that endangers themselves or others, I will bear any cost associated with his/her early repatriation to Australia.

I authorise Missio Scotland and / or its employees and group leaders in the event of accident or illness to obtain any necessary medical assistance or treatment for the participant named on this form.

I have accurately provided all details and I am not withholding any information that may be detrimental to the health of my child and the care provided whilst involved in this experience.

It **consent/do not consent** (please delete as appropriate) to my child's photo and written comments being used in future Missio Scotland promotional material. If you have an objection to this please contact the Coordinator.

Signature: _____   **Date:** _____
            (Parent / Guardian)

Signature: _____   **Date:** _____
            (School Principal)

IMPORTANT PLEASE ATTACH A COPY OF THE PHOTO PAGE OF YOUR PASSPORT

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For the student:

Tell us a little about yourself…

Use the space below to respond to some of these questions:

- Why are you applying for this GIG Experience?

- Have you had any past mission experience or opportunities?

- What are your expectations, hopes, dreams?

- What do you think you can bring to a group travelling on this experience?

- What gifts and talents could you share with the people we will meet? (e.g. music, art, languages, sport…)

Please attach extra sheets if you need more space to write.

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