



PARENT INFORMATION PACKET

faith
in ACTION

Junior High PYC | June 14-18, 2010

Parents

We are glad your child will be joining us for this year's Faith in Action. It will be a fun, fast paced week we will grow in our faith as we serve others in the name of Christ. Below you will find each day's service place and a brief description of what we will be doing. To make this week as smooth as possible, please help us with the following:

Dress

Shorts, tee-shirts, and tennis shoes are recommended. No flip-flops, Crocs, or any other type of shoe! This is the rule for the sites we will be visiting, not ours. Also, at several of the sites no jewelry, other than earring may be worn. It's better to leave them at home rather than risk losing something important.

Medical Release Form

On page 3 is a current medical release form. If you have not filled the 2010-2011 form, please do so and return to the Youth Office ASAP. Your child must have a current form on hand to participate in Faith in Action.

Our Schedule

- **Monday - Project Open Hand** (176 Ottley Drive NE) Project Open Hand cooks, packs and distributes meals for those who cannot prepare them for themselves. We will be working in the kitchen on an assembly line where we will be packing meals and snacks.
- **Tuesday - Feed the Hungry Foundation** (1440 Dutch Valley Place) Feed the Hungry Foundation provides 1,000,000 meals annually throughout the city of Atlanta and surrounding counties. At this food pantry we will be sorting donated food.
- **Wednesday - Buckhead Christian Ministry** (2827 Piedmont Rd) A familiar organization to many, BCM is a cooperative ministry of 27 churches providing compassionate assistance to more than 9,000 individuals each year. Sponsoring and contributing churches play a vital role in the life of Buckhead Christian Ministry, giving financial assistance, volunteer support, food, clothing, and seasonal items, such as toys at Christmas or school supplies in the fall. We will tour the BCM facility, unload groceries and make food bags.
- **Thursday - MedShare International** (240 Clifton Springs Rd, Decatur) MedShare is a non-profit organization dedicated to improving the environment and healthcare through the efficient recovery and redistribution of surplus medical supplies and equipment to underserved health-care facilities in developing countries. We will be sorting opened, but unused medical supplies. This is always a favorite place to work because of the interesting medical devices we'll see! **IMPORTANT!!! We will be leaving for Decatur at 8:30 a.m. sharp!**
- **Friday - Coan Middle School Edible Garden** (1550 Hosea L Williams Drive Northeast) The Coan Middle School Edible Garden is adjacent to the Edgewood Community Learning Garden and is a new initiative for the middle school to provide both an outdoor classroom as well as a business opportunity for the students. **(Bring a pair of garden gloves with you and wear a hat!)** - We'll need some extra parents' hands this day. If you can volunteer, please contact John A.S.A.P. at jjryan@trinityatlanta.org.

Wendy and I look forward to spending the week with your child. Please call my cell phone (404-788-1356) if you have any questions!

JOHN Wendy

**PYC 2010 - 2011 Registration and Medical Release Form
Trinity Presbyterian Church/Howell Mill Road/Atlanta, Georgia/ 30327**

Participant's Information

First Name	Middle Initial	Last Name	
Street/Mailing Address	City/State	Zip Code	
Phone Number	E-Mail Address		
School Attending	Grade		
Date of Birth			

Parent's/Guardian Information

Mother's First Name	Middle Initial	Last Name	
Father's First Name	Middle Initial	Last Name	
Mother's Work Number	Mother's Cell Number	Home Phone Number	
Father's Work Number	Father's Cell Number	Family E-Mail	

Participant's Health Information

Date of last Tetanus Shot	Regular Medication - Description and Schedule	Known Allergies/Medication that should NOT be given:
Pertinent Medical History including Allergies		
	Primary Doctor	Doctor's Telephone Number

Health Insurance Information

Major Medical & Health Insurance Company	Insurance Company Telephone Number
Group Number	Policy Number

My son/daughter/dependant _____ has my permission to travel to and from and to participate in Trinity Presbyterian Church activities under Trinity supervision from 6/1/2010 to 5/31/2011. With the understanding that Trinity will assure that the activity is properly supervised, I hereby relieve Trinity, the leadership thereof, and the persons conducting this activity of any liability in connection with my son's/daughter's/dependant's participation in this activity. In the event of injury, illness, or medical emergency, I understand an attempt will be made to contact me at the phone numbers provided above. If I cannot be reached in time, I hereby authorize the Trinity adult chaperones to seek medical, rescue, or evacuation services for my son/daughter/dependent with the understanding that I am responsible for any expenses incurred.

I also understand that I am obligated to provide the Trinity Director of Ministry to Youth and Their Families, Associate Pastor of Ministry to Children and Their Families, or the Church Business Administrator with updated medical information on my son/daughter/dependant should any of his/her medical information change between the date I sign this form and 5/31/2011.

_____ Parent's Signature