

New Orleans Mission Trip 2026
May 31-June 5, 2026

Travel Information:

We will meet at St. James' Episcopal Church on Sunday, May 31, for the 8 am service. We will commune, load up the vehicles, and roll. We should be back by about 7 pm on June 5.

What will we do? Nola Life, light construction, life together.

Itinerary:

Sunday, May 31

8 am - Gather at the church, bags packed, ready to roll.

This is our travel day. We will get into Nola in time to get unpacked and do a delicious NOLA dinner.

Monday, June 1

Serving at **Food Bank**

Explore the city

Dinner

Tuesday, June 2

Work day with Lower Nine construction crew

Wednesday, June 3

Work day with Lower Nine construction crew

Thursday, June 4

Work day with Lower Nine construction crew

Friday, June 5

Drive back home

Paperwork:

Please make sure all forms are filled out completely. Copies of insurance cards and ID can be made at the church.

Cost: \$500 for the week, scholarships available

Packing Information:

Please pack light! A packing list is included with this packet. Remember that you will have to carry everything you pack; each person is limited to one personal bag (purse, backpack, etc.) and one large bag. Basic bedding and towels will be provided but if you have opinions about pillow quality, I recommend you bring your own. We will have three work days when you will want to have a change of clothes for the evening.

Cell Phones:

Participants will be permitted to have their cell phones on the trip, but there will be times when they will need to be put away. For example, only adults will have phones on the work site.

Trip Leader Phone Number:

Rev. Eileen, 202-716-9055

Meals

All meals are provided except for travel snacks - bring some to share.

Accommodations

We will stay at the facilities of [Lower Nine](#), a nonprofit organization that has been doing rebuilding work in the lower ninth ward of New Orleans since 2007. They are located at 1739 Jourdan Ave, 70117. Sheets, blankets, pillows, and towels will be provided. You will be sharing rooms so you might want to bring ear plugs if you are a light sleeper.

Medications

We will have a couple well-stocked med kits with us. If you are bringing an EpiPen or an inhaler that you need to keep on your person, please let Rev. Eileen know you have it and where you are keeping it. Other medications should be turned into Rev. Eileen with dosage information.

Alcohol and Drug Policy

If you bring any alcohol or illegal drugs on this trip, you will be sent home immediately at your parent's expense. They won't be happy. Don't do it. The same goes for fireworks, weapons, etc.

St. James' Episcopal Church
Permission and Medical Release

Participant: _____

I certify that I am the custodial parent or legal guardian of the "Participant" and that I have full right and authority to execute and deliver this document.

In consideration of Participant's being permitted to participate in activities of St. James' Episcopal Church, Austin, TX (the "SJEC") and affiliates (the "SJEC Activities"), I execute and deliver this document, intending to be legally bound by it.

I hereby give permission for my child/youth to attend and participate in the SJEC Activities.

I understand that Participant's photograph or video image may be taken at or during SJEC Activities. I hereby give permission for the use of such photographs and video images to be used for the promotion of youth programs administered by St. James' and other SJEC-related purposes. Such photographs and video images may be posted on SJEC's website and/or posted in appropriate areas of the SJEC campus and/or used or displayed in SJEC newsletters, presentations, slide shows, and/or other promotional materials and/or distributed to staff and/or volunteers associated with the SJEC Activities.

I understand that transportation in connection with SJEC Activities will be by public transport, chartered bus, school bus, van, or car driven by a licensed responsible adult. I am aware that participation in the SJEC Activities involves certain inherent risks including but not limited to highway and air travel and use of public transportation. Knowing these risks, I represent and agree that Participant is healthy and fully capable of participation in the SJEC Activities without causing major risk or danger, illness, or accident to Participant or to others.

I agree that if Participant is found in possession of alcohol, illegal drugs, firearms, knives, fireworks, or open flames or is found engaging in inappropriate sexual behavior or in any other activity that in the opinion of an adult associated with SJEC Activities is disrespectful to other participants or adults associated with the SJEC Activities, Participant will be sent home at my expense and without refund.

I declare that the Participant is covered by medical insurance and that I am responsible for any and all expenses incurred by the Participant whether covered under insurance or not. I understand it is my responsibility to pay for any resulting unpaid amounts.

CONSENT TO MEDICAL TREATMENT: In the event that Participant requires medical attention while participating in any SJEC Activity, I expect reasonable efforts will be made to contact me. In the event that I cannot be contacted, or if because of an emergency there is no time or opportunity to try to make contact, I hereby authorize SJEC and any priest, staff, officer, agent, or volunteer of or with the SJEC (each, a "SJEC Party") , in my name, place, and stead, to give consent for medical treatment to be performed on Participant and to authorize, arrange for, consent to, waive, and terminate any and all medical and survival procedures on behalf of Participant, including but not limited to X-rays, the administration of drugs and/or anesthesia and/or surgery; or to withhold such consent. Furthermore, each SJEC Party is authorized to arrange for the entrance to and care at any hospital or other medical facility for Participant and to make any other parental-type decisions with respect to medical care for Participant. Any physician or other medical personnel selected by a SJEC Party is hereby authorized to take whatever medical actions deemed necessary by them to treat Participant.

In consideration of Participant's being allowed to participate in SJEC Activities, I do hereby assume all risks and, for myself and on behalf of Participant, I do hereby **RELEASE, FOREVER ACQUIT AND DISCHARGE** and agree to hold harmless the SJEC and each other SJEC Party from any and all liability, claims, or demands for any injury, loss, or damage to personal property in any way connected with or arising out of the SJEC Activities.

I understand and intend that the foregoing shall extend to, and operate for the benefit of, each SJEC Party. This release shall include, but not be limited to, all actions and omissions of each SJEC Party, whether or not such acts or omissions constitute any form of negligence, and all actions and omissions of any SJEC Party taken in reliance on, or in accordance with, any written or verbal instructions to any SJEC Party made by me or my agents at any time.

I have carefully read this Permission and Medical Release and understand its contents, and I sign it as my own free act.

This Permission and Medical Release shall remain in effect for so long as Participant participates in SJEC Activities or until Participant reaches adulthood at age 18, whichever first occurs.

Participant's name
(print) _____

Custodial Parent or Legal Guardian Signature:

Date: _____

PERSONAL AND INSURANCE INFORMATION

Participant:

Chronic illnesses and disabilities

Allergies

Routine medications (prescription or over-the-counter) and dosage (amount and frequency)

Any other medical information

Special diet:

Rare blood type:

Any physical or medical restrictions that may limit activity

Last Tetanus Immunization (Booster Shot) _____

Drug allergies:

Family physician:

Contact Information:

Note: Prescribed medications must be in the original pharmacy container with the correct name, date, instructions, and physician on the label. Over-the-counter medications must be in the original container and have dosage information clearly printed on the container. An employee or other adult from SJEC will keep and distribute all medications during the event. If Participant has an inhaler or EpiPin that they must keep on their person, I have informed the adult leaders about the presence and location of these items.

Please notify the employees and adult sponsors of each SJEC Activity if Participant has been exposed to any communicable diseases within 1 week prior to the event. Participants will not be allowed to attend if they arrive at the event ill.

List over-the-counter medications that Participant should **not** receive if any minor symptoms develop? (e.g. Tylenol, Advil, Kaopectate, etc):

Does Participant suffer from, or has Participant ever experienced, or is Participant currently being treated for any of the following: Asthma _____ Epilepsy/seizure disorder _____ Heart trouble _____ Diabetes _____ Frequent headaches _____?

Insurance Information

Employer: _____ Policy # _____ Group # _____

Insurance Company _____ Policy Holder _____

Address _____

Address _____

City _____ St _____ Zip _____ City _____ St _____ Zip _____

Insurance Company Phone # _____ Policy Holder _____

SS# _____

Printed Name of Parent or Legal Guardian _____ Signature of Parent or Legal Guardian _____

Date _____

Home Phone # _____

Work Phone # _____

Cell Phone # _____

Email: _____

Please attach a copy of your insurance card to this form.

