

# Forms



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# Forms

## Medical Information and Emergency Contact Information

### **MEDICAL INFORMATION**

Name on official ID/Passport: \_\_\_\_\_ Passport number: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Blood type: \_\_\_\_\_ Date of birth: \_\_\_\_\_

1. Information about any prescriptions I use: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. I am allergic to: \_\_\_\_\_  
\_\_\_\_\_

3. Physical limitations or concerns or limitations: \_\_\_\_\_  
\_\_\_\_\_

4. Please provide other helpful health information: \_\_\_\_\_  
\_\_\_\_\_

5. Participant's physician: \_\_\_\_\_ Phone: \_\_\_\_\_

6. I consider myself healthy enough to fulfill my responsibilities on the Mission team. Yes  No

7. I am diabetic: Yes  No

8. I have a history of seizures: Yes  No

### **IN CASE OF EMERGENCY, CONTACT THE FOLLOWING:**

Name: \_\_\_\_\_ Relationship to missionary: \_\_\_\_\_

Address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

**UNABLE TO CONTACT THE ABOVE, CONTACT THE FOLLOWING:**

Name: \_\_\_\_\_

Relationship to missionary: \_\_\_\_\_

Address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

**OTHER INFORMATION YOU WISH TO ADD IF AN EMERGENCY ARISES: -**

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**Parental Consent (missioner under 18 years old)**

**LIABILITY RELEASE**

We, \_\_\_\_\_ and \_\_\_\_\_  
Parents or guardians Parents or guardians

the parents/guardians of \_\_\_\_\_ give our child, a minor residing at \_\_\_\_\_  
Child's name \_\_\_\_\_, permission to accompany a

Church Mission team to \_\_\_\_\_ (location of mission) and participate as a member of the group. We acknowledge that we are allowing our child to participate entirely upon our own initiative, risk, and responsibility. We have been advised and understand that the group may be exposed to unusual risks. Those risks may involve, among other things, the following:

Dangers resulting from disease, including air, food and water-borne illness; from civil insurrection or warfare; from post-warfare hazards; from geographic conditions; from extreme heat and humidity with no air conditioning available, or from extreme cold with no central heating, vehicles accidents and worksite accidents. The foregoing is not an exhaustive list of dangers that may arise but is illustrative of some types of dangers that may be faced.

Now therefore, in consideration of the permission extended to our child to accompany the mission team and participate in the mission trip, we do hereby for ourselves, our child, and our heirs, executors, and administrators, remise, release, and forever discharge the team leader(s) \_\_\_\_\_, the sponsor church, its officers and members, as well as all other participants and sponsors of said mission trip, acting officially or otherwise, from all claims, demands, actions or causes of action of any kind, including the death of our child or any injury to our child or loss or damage to property which may occur from any cause during the trip, as well as all ground and flight travel incident to such trip.

**IN LOCO PARENTIS**

It is our intention by this document to consent to our child's participation in the mission trip, to consent to allow the team leader(s) \_\_\_\_\_ to act *in loco parentis* for the duration of the mission trip, and to waive and forego all right of action by ourselves and our child against the parties herein before named.

**MEDICAL RELEASE**

*We further expressly authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and/or hospital care under the general or special supervision, and on the advice of, a licensed physician, surgeon, anesthesiologist, dentist, or other qualified medical personnel acting under their supervision, for our child, should be same become necessary because of illness or injury.*

I specifically authorize a physician or other appropriate medical professional to treat my child's \_\_\_\_\_  
(Name of ailment)

by performing \_\_\_\_\_ and by prescribing \_\_\_\_\_  
(NAME OF PROCEDURE) (NAME OF PRESCRIPTION)

and providing such prescription to my child for treatment

Continued

**MEDIA RELEASE**

*So that we can continue to share the love of Christ by telling the story of the ministry, I consent to the use of my child's image or voice in photographs, audio and/or video recordings taken during the course of this mission for the publicity of the Mission Program.*

\_\_\_\_\_  
Parent/guardian

\_\_\_\_\_  
Parent/guardian

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

**Notarization of Parental Consent Form**

STATE OF \_\_\_\_\_ PARISH OR COUNTY OF \_\_\_\_\_

On this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ (year), before me personally appeared \_\_\_\_\_

to me known to be the same person(s) described in and who executed the within instrument, and who acknowledged the same to be the free act and deed thereof.

Notary Public \_\_\_\_\_ County/Parish \_\_\_\_\_

State of \_\_\_\_\_ My Commission Expires \_\_\_\_\_

**Release Form (missioner 18 years old and older)**

**LIABILITY RELEASE**

The undersigned releases and agrees to hold harmless the Sponsor Church, and any related agency, conference, district, local church, member, employee, or agent, from any liability, injury, damage loss, accidents, delay, or irregularity related to the undersigned individual's planned participation or involvement in the following project:

\_\_\_\_\_

*(Write in name and location of project)*

The undersigned has been advised and understands that the project may involve unusual risks to participants. Those risks may involve, among others, the following:

Dangers resulting from disease, including air, food and water-borne illness; from civil insurrection or warfare; from post-warfare hazards; from geographic conditions; from extreme heat and humidity with no air conditioning available, or from extreme cold with no central heating, vehicle accidents and worksite accidents. The foregoing is not an exhaustive list of dangers that may arise but is illustrative of some types of dangers that may be faced.

This release covers all rights and actions of every kind, nature, and description, which the undersigned ever had, now has, or but for this release, may have. This release binds the undersigned and his or her heirs, representatives, and assignees.

**MEDICAL RELEASE**

If I am unable to do so, I hereby authorize the Team Leader or another designated adult on the team to consent to any necessary examination, anesthetic, medical diagnosis, surgery, or treatment and/or hospital care rendered to me under the general or special supervision and on the advice of any physician or surgeon licensed to practice medicine by the state or country in which they practice, during the duration of this mission.

**MEDIA RELEASE**

*So that we can continue to share the love of Christ by telling the story of the ministry, I consent to the use of my image or voice in photographs, audio and/or video recordings taken during the course of this mission for the publicity of the Mission Program.*

Participant's signature \_\_\_\_\_ Date \_\_\_\_\_

Participants printed name \_\_\_\_\_ Dates of Mission \_\_\_\_\_

Notarization of Release Form

STATE OF \_\_\_\_\_ PARISH OR COUNTY OF \_\_\_\_\_

On this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ (year), before me personally appeared \_\_\_\_\_ to me known to be the same person(s) described in and who executed the within instrument, and who acknowledged the same to be the free act and deed thereof.

Notary Public \_\_\_\_\_ County/Parish \_\_\_\_\_

State of \_\_\_\_\_ My Commission Expires \_\_\_\_\_

## Team Form Checklist

	Missioner Name	Mission Payment #1	Mission Payment #2	Mission Payment #3	Copy Passport or Copy Picture ID	Medical Information & Emergency Contact Information	Parental Consent (under 18 yrs old)	Release Form (over 18 yrs old)	Notification of Death	To My Physician <i>Optional</i>	Other
1.											
2.											
3.											
4.											
5.											
6.											
7.											
8.											
9.											
10.											
11.											
12.											
13.											
14.											
15.											
16.											
17.											
18.											
19.											
20.											

**Team Leader** \_\_\_\_\_ **Date of Mission** \_\_\_\_\_

**Notification of Death)**

**Name:** \_\_\_\_\_ **Passport No.:** \_\_\_\_\_

In the event of my death, should my death occur outside the United States a family member, a sponsoring church officer, or a representative of the US State Department/US Embassy, is to be instructed by the following:

1. Immediately contact the following: My family or other: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

2. My wishes are as follows: (choose option A or option B)

**A.** My body is to be cremated if possible, prior to being shipped back to the United States. Where possible, arrangements for the cremation are to be made in consultation with the United States Embassy of the nation where the death occurred. My remains are then to be shipped to: \_\_\_\_\_  
If cremation is not possible, then my body is to be shipped home, in keeping with the requirements of the host nation, to (funeral home): \_\_\_\_\_.

**B.** I do not wish to have my body cremated. My body is to be shipped to the US, in keeping with the requirements of the nation where the death occurred, to (funeral home): \_\_\_\_\_.

All my valuables, money, and personal possessions are to be kept in the control of the representative of the United States Embassy and shipped to: \_\_\_\_\_.

In the event of death, all of the above instructions are to be followed in consultation with the above-named family member if that family member's physical condition and location make such consultation possible. Further, all valuables, money, and personal possessions are to be placed in the possession and control of the above-named family member.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(If under 18, must be signed by parent or guardian)

Printed Name: \_\_\_\_\_  
*Dates of Mission*

**Notarization of Notification of Death Form**

STATE OF \_\_\_\_\_ PARISH OR COUNTY OF \_\_\_\_\_

On this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_ (year), before me personally appeared to me known to be the same person described in and who executed the within instrument, and who acknowledged the same to be the free act and deed thereof.

Notary Public \_\_\_\_\_ County/Parish \_\_\_\_\_

State of \_\_\_\_\_ My Commission Expires \_\_\_\_\_

## To My Physician (OPTIONAL FORM)

Missioner's Name: \_\_\_\_\_

I plan to participate in an International Mission project in \_\_\_\_\_.  
(Location of project)

I will be doing manual labor outdoors in a climate that is:

\_\_\_ hot and humid      \_\_\_ cold and damp      \_\_\_ other \_\_\_\_\_.

Health care facilities may be inadequate or nonexistent.

The host mission Project Honduras, suggests the following immunizations and prophylactic medications:

1. A diphtheria/tetanus toxoid booster if not received during the past 10 years.
2. The Hepatitis A vaccine series may need to be administered prior to departure.
3. Hepatitis B vaccine is recommended for medical-dental team missioners who may be exposed to blood.
4. Malaria prophylaxis is indicated in certain parts of the world. Recommendations for protection against malaria and other diseases may be obtained by contacting the Centers for Disease Control (CDC) at 404-332-4559 or <http://cdc.gov/travel/index.htm>.

*Please sign below if you agree that my general health is adequate for this endeavor. If you are not familiar enough with my physical health, I agree to have a physical examination and laboratory tests if indicated as part of my application process.*

### For Use by Physician:

After reviewing the above information and knowing the team member, it is my opinion that no risks would be incurred by the person's participating in a project as described above.

Signed \_\_\_\_\_ M.D. Date \_\_\_\_\_

Physical examination performed: \_\_\_ Yes      \_\_\_ No

Print Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

## MISSION POLICY AGREEMENT

I realize that the following commitment is crucial to the effectiveness, quality, and positive expression of our mission together. As a participating member of the Mission team, I agree to:

1. Lift up Jesus Christ with my thoughts, words, and actions
2. Develop and maintain a servant attitude toward the people our team serves as well as  
Toward each member.
3. Pray for and support my team leader and his/her decisions.
4. Respect the host's view of religious faith, realizing that different people have different expressions of faith.
5. Accept the ministry that is going on in the area where I am serving as well as the local approach to the mission, though it may differ from my own approach.
6. Abstain from the use of alcohol, tobacco, illegal drugs, medications not prescribed to me, inappropriate clothing, and profanity during the mission.
7. Refrain from negativism and complaining. Travel and ministry outside my church may present unexpected and even undesired circumstances. However, my support and creativity will enhance the moment.
8. Refrain from gossip. If it is not true, good, and positive, I will not say it.
9. Remember that I am a servant of Jesus Christ called to be in ministry with the host team. I will serve as best I can so that both the spiritual purpose and the task of the mission will be accomplished.

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**Signature**

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**Printed Name**

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**Date**

