

FBC Marble Falls Student Travel Release Form

Travel Release Form (7 easy steps!)

This form is **REQUIRED** for participation on your mission trip!

Step 1: Health Insurance

Check the following 4 boxes and attach a copy of insurance card to complete

- _____
Policy Holder's Name
- _____
Insurance Company
- _____
Policy #
- (_____) _____
Insurance Company Phone Number

Participant's Name (last, first) _____

Mission Trip _____

Birth Date: ____/____/____

****Must include copy of Insurance Card & Updated Shot Records***

Step 2: Emergency Contact Information

Fill out at least 2 different contacts to complete

In case of emergency where parents cannot be reached, contact:

Name _____ Relationship to Applicant: _____ Phone # (____) _____

Address _____ Work Phone # (____) _____

City _____ State/Province _____ Zip _____ Cell # (____) _____

Mother/Guardian's Information:

Name _____ Relationship to Applicant: _____ Phone # (____) _____

Address _____ Work Phone # (____) _____

City _____ State/Province _____ Zip _____ Cell # (____) _____

Father/Guardian's Information (if different):

Name _____ Relationship to Applicant: _____ Phone # (____) _____

Address _____ Work Phone # (____) _____

City _____ State/Province _____

Step 3: Medical Checklist/Questions

If any box is checked, a Medical Release Form [Pg 4] is required

Medical Checklist Please check if the participant has any of the following

Asthma or Chronic wheezing	Mental Health Counseling treatment	
Any other respiratory problems	Fainting spells	
Cysts or Tumors of any kind	Convulsions, epilepsy or seizures	
Chronic or persistent cough	Parkinson's disease	
Skin disorder other than acne	Anemia or any other blood disorder	
Goiter	Serious bodily injury	
Diabetes or Hypoglycemia (low blood sugar)	Thyroid ailment	
Circulatory trouble	Severe allergic reactions	
Hearing or Vision Impairment	AIDS virus or HIV	
Kidney Problems	High or Low Metabolism	
Tuberculosis	Gall bladder stones or colic	
Rheumatism, Arthritis, Painful swollen joints	Prostate problems	
Severe Knee Problems	Veneral disease	
Intestinal or bowel problems	Breast or menstrual disorder	
Cancer	High blood pressure/any cardiac problems	
Persistent, recurring indigestion, stomach or duodenal ulcers	Any other disease or disability not listed above	

Medical Questions

Prescription Medication? yes/no
 What medication? _____
 Dosage: _____

Non Prescription Medication? yes/no
 What medication? _____
 Dosage: _____

Allergic to any foods/med? yes/no
 What foods/meds: _____

Treatment/Counseling for Chemical or Alcohol abuse? yes/no
 When: _____
 Where: _____

Under Physicians care for illness yes/no
 Explain: _____

Last date of physical exam? ____/____/____

Are you a vegetarian? yes/no
 How long? _____

Note to vegetarians: You may need to eat meat as part of cultural sensitivity!

If you are a vegetarian for health reasons, not preference, what are your limitations? _____

Step 4: Childhood Immunization

Type	YES	NO	Year Administered	Type	YES	NO	Year Administered
Mumps/Measles/Rubella				Tetanus (within 10 years)			
Diphtheria/Pertussis/Tetanus				Polio			
Other				Other			

I, _____, agree that it will solely be my responsibility to obtain information on travel immunizations required/recommended and travel precautions for the area. I realize that immunizations must be completed 4-6 weeks prior to travel.

Step 5: Surgical History

Fill out any surgical history

Please list all surgical operations or hospitalizations the participant has undergone.

(For more than 2, please attach a sheet of paper)

1) Operation, illness _____
 Reason _____ Date ____/____/____
 Name and address of hospital _____
 Name of physician _____
 Remaining Effects _____

2) Operation, illness _____
 Reason _____ Date ____/____/____
 Name and address of hospital _____
 Name of physician _____
 Remaining Effects _____

3) Please provide any details pertaining to your health not covered in this Travel Release Form. (Attach an additional sheet of paper if necessary).

Step 6: Release, Hold Harmless, Consent, Agreements

Must be signed by both parents if possible and the participant if the participant is under the age of 18.

Medical and Travel Release, Hold Harmless Agreement: (If you are under 18, a parent/guardian must complete the following)

On behalf of myself/my child, I further authorize First Baptist Church Marble Falls to:

- Release any and all other medical information or records to any party deemed necessary by FBC Marble Falls, its agents, servants, employees;
- Assign for the providing of medical treatment to my child or to leaders of the group, and insure proper placement.
- permission to take my child for said trip and dates listed on the front of this release in the USA or out of the country.

I hereby release and agree to indemnify FBC Marble Falls, its agents, servants, employees and assigns for any and all damages, liability or costs resulting from the authorizing of medical treatment on my/my child's behalf under the terms of this consent. I further hold FBC Marble Falls harmless from any and all costs, damages or expenses incurred by FBC Marble Falls as a result of any claim or action filed by any party alleging damages incurred as a result of any medical treatment provided or authorization for treatment provided.

I am aware that serious illness or injury may occur on a mission trip and that such illness and injury may result in myself/my child incurring costs, expenses, and damages for which I am solely responsible including, but not limited to, return of myself/my child by air ambulance or other extraordinary means. I also understand that mission trips may be associated with risk of bodily harm, death, and/or damage to or loss of personal possessions resulting from, without limitation, inclement weather, transportation accident, or terrorism. On behalf of myself and my heirs (and participant, if participant is under 18), I personally assume all such risks, whether foreseen or unforeseen by myself or FBC Marble Falls.

I hereby release and hold harmless FBC Marble Falls, its officers, employees, agents, and representative/volunteers from all liability for personal injury, including death, as well as all property damage or loss arising out of my/my child's participation in this trip. I understand that this release and indemnification releases liability for the conduct of FBC Marble Falls and its agents, servants, employees or assigns, even if such conduct is negligent.

I also give FBC Marble Falls the right to use my/my child's picture, voice, and/or testimony in any form of promotional or advertising materials.

Consent for Medical Treatment

- Participant wishes to be a member of First Baptist Church Marble Falls missionary group which will be traveling to and staying in the country or countries identified on the first page of this Travel Release Form. Certain circumstances may occur in Participant's need for medical/dental care and treatment, and further resulting in Participant's or (in the case that Participant is a minor) Participant's Parents or Legal Guardian's inability to personally give consent for such care and treatment. In consideration of permission from FBC Marble Falls for Participant to participate in said missionary group, Participant or (in the case that Participant is a minor) Participant's Parent or Legal Guardian authorizes, FBC Missions or any designated agent of FBC Marble Falls or medical facility to act on Participant's behalf should Participant be unable to do so and to consent to all medical/dental care treatment, including but not limited to diagnostic test, x-ray examination, anesthesia, surgery or other procedures which FaithQuake Missions deems necessary for Participant's medical well being for the duration of the mission.

This consent is given in advance of any specific diagnostic tests, treatment, surgery or medications, and is given to provide authorization and specific consent for medical/dental treatment and care on Participant's behalf. Any consent by FBC Marble Falls shall have the same force and effect as if Participant had personally given the consent.

- I certify I have personal health insurance, **including foreign countries, with no territorial limitation, for the providing of medical services to participant** which will provide coverage for participant during the duration of said mission. I understand that FBC Marble Falls provides no health insurance plan.
- I understand that proof of insurance coverage will be due to my health care provider at the time of treatment or office visit. If a copy is not presented at the time of visit, hospitals, and other health care facilities reserve the right to refuse treatment for non-urgent visits.

Accountability Agreement

The rules and regulations of Mission Trips are specifically designed to ensure the safety and well-being of each team member and to maintain the high degree of Christian integrity required to minister effectively in a cross-cultural setting. These rules and regulations are enforced by the Global Expeditions staff which includes Project Directors, Team Leaders and Missionary Advisors, and Youth Leaders. Enforcement shall occur in a manner which the Mission Trip staff feels is in accordance with Christian principles and the stated purpose of the project. We expect full cooperation from members and parents in disciplinary decisions made. **FBC Marble Falls reserves the right to send home any team member that shows disregard for the stated rules and regulations. The team member and/or their family are responsible for any cost involved in sending the team member home. These costs may include, but are not limited to, airfare, hotel and food for the team member and chaperone. I have read the rules, regulations, and the disciplinary measures and agree to abide by them.**

Behavioral Agreement

By participating in a FBC Marble Falls mission trip, I understand I am expected to follow the stated rules as well as carry myself according to Christian principles. I understand the Missionary Oath is the standard of conduct for all Mission Trip participants and will follow it to the best of my ability. The characteristics of the Missionary Oath include:

- Honor - I will be honorable through thoughts, actions, and speech daily.
- Faith - I commit to listen to and obey God's Word, knowing that when I do so, His power will be made manifest in my life and in the lives of others.
- Relationships - I commit to love and esteem others higher than myself, understanding that my leaders, team members, and the people of the world are God's creation and are to be treated with love and respect.

_____/_____/_____
Father / Guardian signature (if applicant under 18) Mother / Guardian signature (if under 18) / /
Date

_____/_____/_____
Participant's signature / /
Date

***Must include copy of Insurance Card & Updated Shot Records**

Step 7: TRF Final Checklist

All boxes not italicized **must** be checked (parents signature not needed when participant is 18+)

Insurance	Medical/Emergency Info	Signatures
<input type="checkbox"/> Company Name	<input type="checkbox"/> Parent and Emergency contacts	<input type="checkbox"/> Father's signature
<input type="checkbox"/> Policy #	<input type="checkbox"/> Medical Checklist	<input type="checkbox"/> Mother's signature
<input type="checkbox"/> Phone #	<input type="checkbox"/> Medical Questions	<input type="checkbox"/> Participant's signature
<input type="checkbox"/> Copy of Insurance Card	<input type="checkbox"/> MMR <input type="checkbox"/> DPT <input type="checkbox"/> Polio	<input type="checkbox"/> <i>Documentation if needed</i>
	<input type="checkbox"/> Updated Tetanus (1994+)	
	<input type="checkbox"/> <i>Doctor's Release Form, if needed.</i>	
	<input type="checkbox"/> Copy of Updated Shot Records	

(FAQ) Frequently Asked Questions

- Can I use immunization forms and other documents from previous trips?
No. Please update all information this year.
- I can take perscription medicine with me on the trip?
Yes, you must notify the Mission Leader and it must be in the original perscription bottle.
- **If my parents are divorced or separated, do I need both signatures?**
We would like to have both signitures if possible.

Medical Release Form

(Complete this section **only** if you checked "yes" to any question on this Medical Checklist. If yes, take this form to your physician to fill out.)

Over our years of experience, we have had participants who have experienced difficulty engaging in daily activities on the mission field. Daily activities for most destinations may include and are not limited to: *(physically challenging training, high intensity aerobic activity, hiking, and extended periods of walking. Dietary and climate changes also add to the physical intensity of our trips as well as the high probability of, at some point, experiencing lack of sleep.)* Please be considerate of these factors as you evaluate the Participant's physical readiness for such conditions.

Physician's Name _____

Address _____

City _____ State _____ Zip _____

Work # (_____) _____

Blood Pressure: _____ (optional)

Age: _____ Birthday: ____/____/____

I have reviewed the Participant's **medical information and history**. I have performed a physical exam. *(Please indicate the appropriate choice.)*

- I find the Participant to be in adequate condition for participation in the aforementioned daily activities.
- I have prescribed a medical plan of action for the Participant to meet prior to the mission trip in order to participate in the daily itinerary during the mission trip.
- I do not recommend the Participant to participate at this time.

Physician's Signature _____ Date ____/____/____

Physician's Phone Number _____