

Travel Release Form

This form is REQUIRED for participation on your mission trip!

Step 1: Health Insurance

Check following 4 boxes and attach copy of ins. card to back of form.

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

**ATTACH
COPY OF
INSURANCE
CARD ON
BACK**

Participant's Name (last, first) _____

ID# (located on your acceptance letter) _____

Birth date: ____ / ____ / ____

For office use only

Date: _____

Trip Code: _____

Status: _____

Step 2: Emergency Contact Information

Fill out at least 2 different contacts.

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

Name _____ Relationship to Applicant: _____ Phone # (____) _____
 Address _____ Work Phone # (____) _____
 City _____ State or Province _____ Zip _____ Cell (____) _____

Mother/Guardian's Information:

Name _____ Phone # (____) _____
 Address _____ Work Phone # (____) _____
 City _____ State or Province _____ Zip _____ Cell (____) _____

Father/Guardian's Information (if different):

Name _____ Phone # (____) _____
 Address _____ Work Phone # (____) _____
 City _____ State or Province _____ Zip _____ Cell (____) _____

Step 3: Medical Checklist/Questions

If any box is checked below, 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	Venereal 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: _____

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

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

Step 3: Continued

Over The Counter Medicine Restrictions

Please check any medicines that you would **NOT** permit your child to be administered upon need.

Acetaminophen (Tylenol)	Calcium Carbonate (Tums)	Insect Repellant
Ibuprofen (Advil/Motrin)	Pepto Bismol	Gold Bond Powder
Aspirin	Simethicone (Mylanta)	Athlete's Foot Spray/Powder
Aleve	Loperamide HCL (Imodium)	Chigger X Cream
Loratidine (Claritin)	Mucinex	Poison Ivy Cleanser
Diphenhydramine HCL (Benadryl)	Monistat	Aloe Gel, Vaseline
Dayquil/Nyquil	Vitamin C Drops	Meat Tenderizer Paste
Guaiifensin DM (Robitussin)	Dimetapp	Skin Protector (sunscreen/Zinc Oxide)
Triaminic Cold Medicine	Midol/Pamprin	Ben Gay
Cough Drops	Eye Drops (Visine/Allergy Eye drops)	Burn/Sting Relief
Pseudoephedrine (Sudafed)	Emetrol	Calamine Lotion
Topical- Hydrogen Peroxide	Hydrocortisone Cream	Orajel
Antibiotic Cream	Antibacterial Spray (Lanacane, Benzocaine)	Benadryl Cream
Magnesium Hydroxide (Milk of Magnesium)		

Step 4: Childhood Immunization

Must list a year for each immunization. Tetanus immunization must be within the last 10 years

Type	Yes	No	Year Administered	Type	Yes	No	Year Administered
Mumps/Measles/Rubella				Polio			
Diphtheria/Pertussis/Tetanus				Tetanus (within 10 years)			

*Note: the last year administered must be written if you have had the immunization.

Step 5: Surgical History

Fill out all 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 in the presence of a NOTARY (or lawyer) by both parents and participant if participant is under the age of 18. If participant is 18 or older, they must sign the document in the presence of a NOTARY (or lawyer).

Medical and Travel Release, Hold Harmless Agreement:

On behalf of myself/my child, I further authorize Teen Mania Ministries to:

- Release any and all other medical information or records to any party deemed necessary by Teen Mania Ministries, its agents, servants, employees;
- Assign for the providing of medical treatment to my child or to members of the missionary group;
- To insure proper placement of my child in such group.

I hereby release and agree to indemnify Teen Mania Ministries, 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 Teen Mania Ministries harmless from any and all costs, damages or expenses incurred by Teen Mania Ministries 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 Teen Mania.

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.

I hereby release and hold harmless Teen Mania Ministries, 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 Teen Mania Ministries and its agents, servants, employees or assigns.

I also give Teen Mania 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 a Teen Mania Global Expedition missionary group. Certain circumstances may occur resulting 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 Parent's or Legal Guardian's inability to personally give consent for such care and treatment. In consideration of permission from Teen Mania's Global Expeditions 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 Teen Mania, or any designated agent of Teen Mania's Global Expeditions or medical facility to act on Participant's behalf should Participant be unable to do so and to consent to all medical/dental care and treatment, including but not limited to diagnostic test, x-ray examination, anesthesia, surgery or other procedures which Teen Mania 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 Teen Mania 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 Teen Mania's Global Expeditions 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, University of Texas Health Center at Tyler and other health care facilities reserve the right to refuse treatment for non-urgent visits.

Accountability Agreement

The rules and regulations of Teen Mania's Global Expeditions 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 Teen Mania's Global Expeditions staff, which includes Project Directors, Country Assistants, Team Leaders and Missionary Advisors. Enforcement shall occur in a manner which **Teen Mania's Global Expeditions 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. **The discipline committee 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.** (See the Expedition Guidebook).

Behavioral Agreement

By participating in a Teen Mania Global Expedition mission trip, I understand I am expected to follow the stated rules as well as carry myself according to Christian principles. I understand the Maniac Oath is the standard of conduct for all Global Expeditions members and will follow it to the best of my ability. The characteristics of the Maniac 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.
-

***** Must Read Before Notarizing *****

If participant is under 18 and both birth parents notarized signatures are not available, proper documentation must be attached. Documentation may include:

- Custody papers showing which parent or relative guardian has *sole* custody;
- Copy of parent's death certificate;
- Copy of Participants birth certificate where father's name is missing.
- If the aforementioned are unattainable, please contact your GE Representative toll free at 1.866.5.GLOBEX.

My/our enclosed signature signifies my/our approval of all limitations listed above as well as my/our agreement with the *Accountability and Behavioral Agreement*. I/we have read and understand the above information. My/our signature represents that all information on these forms is true and correct to the best of my/our information.

Father's signature (if applicant under 18)

Mother's signature (if applicant under 18)

____/____/____
Date

Guardian's signature (if applicant under 18)

Participant's signature

____/____/____
Date

For Notary

**Note to notary: If you do not have a notary stamp we need other proof of notary such as a copy of notary certificate.*

State of _____, County of _____.

Before me, the undersigned, a Notary Public in and for said county and state on _____, 200__, personally appeared the identical person who executed the within and foregoing instrument, and acknowledged to me that he/she executed the same as his/her free and voluntary act and deed, for the uses and purposes therein set forth. Given under my hand and seal of office the day and year above written.

Notary Stamp

My commission expires ____/____/____

Step 7: TRF Final Checklist

All boxes not italicized **must** be checked (parents sig. 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 notarized sig.
<input type="checkbox"/> Policy #	<input type="checkbox"/> Medical Checklist	<input type="checkbox"/> Mother's notarized sig.
<input type="checkbox"/> Phone #	<input type="checkbox"/> Medical Questions	<input type="checkbox"/> Participant's notarized sig.
<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	
	<input type="checkbox"/> <i>Doctor's Release Form if needed</i>	

Frequently Asked Questions

- **Can I use immunization forms and other documents from previous trips?**
No. Please update all information this year.
- **Is there any additional documentation needed in the event that one parent is deceased?**
Yes, please attach a copy of their death certificate.
- **If my parents are divorced or separated, do I need both signatures?**
-If one parent has sole custody, then we only need a notarized signature from that parent as well as a copy of the legal documentation stating custody.
-If the parents are separated and both parents hold legal custody, we still need notarized signatures from both parents. If one parent has never been around or is unreachable, we need legal recognition of this from a lawyer. If father did not sign the birth certificate, then a copy of that will do.
- **If I know I have had all my childhood immunization dates, but don't know them, can I just write "completed"?**
No, we need the actual year your immunization was administered. Tetanus must be within the last ten years.

Medical Release Form

ONLY obtain if you checked 'yes' to any question on this Medical Checklist.

Please ask your representative if you have any questions.

Over our years of experience, Teen Mania's Global Expeditions has 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 (*Please Print*) _____

Address _____

City _____ State _____ Zip _____

Work # (____) _____

Blood Pressure: _____ (Optional) 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 ____/____/____