

## Amigos for Christ Mission Trip

### What should I do now?

- Review the important dates and flight info on accompanying sheet.
- Make sure you have a passport and that it doesn't expire within 6 months.
- Get your shots. The CDC recommends Hepatitis A, anti-Malaria pills and an updated Tetanus if necessary. Some clinics advise a series of 3 Hepatitis B shots and a Typhoid shot as well. Check with your Doctor.
- Fill out consent, code of conduct and final payment forms and mail to Amigos for Christ with payment in enclosed mailer.
- Coordinate with group leader the collection of requested donated items

### What should I pack?

- You should pack **one large bag** that will be checked in at the airport and can have **1 carry on bag** as well. We will have an additional bag with mission trip supplies that you will need to check in as well.
- Suggested items to pack in large bag. Clothes will not be washed for you.
  - 7 shorts (work, play), 1 jeans (work, play), 8-10 tee-shirts (work, play), 1 semi-nice clothes for church, windbreaker, 1 long-sleeve shirt, swim suit, underwear, socks
  - Tennis shoes, work shoes, and sandals
  - Copy of passport/address, phone number, etc.
  - Large (1/2-1 gallon) thermal water bottle with shoulder strap
  - 1 can powdered Gatorade, 1 large plastic jar peanut butter, 1 large plastic squeeze bottle jelly
  - 1 box sandwich size zip-lock bags
  - 1 small flashlight
  - small snack items such as granola bars or cracker packages
  - workgloves
  - please do NOT bring good jewelry
- Suggested items to pack in carry on bag
  - Passport and copy of any special medical information
  - 1 easily accessible \$5 bill to enter the country of Nicaragua
  - 1 day's worth of clothes in case baggage gets lost
  - Sunglasses, hat and several bandanas
  - Camera
  - Reading material for plane
  - \$100 - \$150 in 10's, 5's and 1's (A couple of 20's will be ok) - bills should not be marked/torn
  - Medicines/Hygiene
    - Personal medicines and copy of prescriptions, malaria pills,
    - Imodium, Ex-Lax and pepto-bismol
    - Sunscreen & insect repellent
    - Band-Aids, antibiotic ointment.
    - Tylenol/Advil/Aspirin.
    - Washcloth/sponge
    - Waterless soap (hand gel) /wipes

Drinking water, sheets and a bath towel are provided. All meals are also provided.

## AMIGOS FOR CHRIST MISSION TRIP WAIVER

I hereby, for myself, my heirs, executors, and administrators, waive, release, absolve, indemnify and agree to hold harmless any and all adults who chaperone this event, other participants, Amigos for Christ, and any of the above named parties' representatives, successors, supervisors, sponsors, and/or organizers, for any injuries to the person named below in connection with the Mission Trip to Nicaragua.

I also give permission to seek any emergency care should I or my child be involved in any accident or be injured in any way during such events named above. I understand that in any such instance, all attempts will be made to contact the parent/guardian in the case of a minor. I hereby give permission to the attending physician to hospitalize, secure treatment for, and to order injection, anesthesia, and/or surgery for myself or my child, as named herein as deemed necessary by the physician and the trip leaders.

I also agree that I am legally responsible for all my personal actions during this event, and agree to be financially responsible for any/all damages, legal fees, and other costs incurred as a result of my actions/behavior. I also agree that I am legally responsible for all my child's personal actions during this event, and agree to be financially responsible for any/all damages, legal fees, and other costs incurred as a result of the actions/behavior of my child/guardianship.

Furthermore, I agree that if my behavior is inappropriate, unsafe and/or detrimental to the group, I will be removed from the event premises. I understand that any financial costs incurred as a result of being sent home are my responsibility. Furthermore, I agree that if my child's behavior, is inappropriate, unsafe and/or detrimental to the group, I will be contacted immediately to secure means of removing my child/guardianship from the event premises. I understand that any financial costs incurred as a result of my child/guardianship being sent home are my responsibility.

**Participant's Signature (all ages):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**In signing the above line, I certify that all information contained herein is true and accurate to the best of my knowledge. I also agree to abide by any / all policies and rules established for this event / activity.**

**Basic rules / expectations include, but are not limited to, the following: Respect for all adult leaders, peers, and all property; NO illegal drugs, alcohol, underage smoking, firearms, explosives, or other illegal substances; Males and females are to remain in separate sleeping spaces at all times; No inappropriate physical / sexual activity; Appropriate attire is to be worn at all times. Other guidelines may be set forth accordingly by adult chaperones present for the event(s).**

I/We, the parent(s)/guardian(s) of \_\_\_\_\_ do hereby give my/our permission and approval for my/our son/daughter/guardianship to participate on the Mission Trip to Chinandega, Nicaragua with the Amigos for Christ.

**Parent's/ Guardian's information (if participant is under 21 years of age):**

**Name(s):** \_\_\_\_\_

**Phone #:** \_\_\_\_\_ **Alternate #:** \_\_\_\_\_

**Home address:** \_\_\_\_\_

**E-Mail :** \_\_\_\_\_

**In signing this form, I certify that all information contained herein is true and accurate to the best of my knowledge.**

**Parent/Guardian signature (if participant is under 21 years of age):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please complete reverse side**

**AMIGOS FOR CHRIST MISSION TRIP  
CONSENT AND EMERGENCY MEDICAL RELEASE FORM**

Legal Name of Participant (all ages): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

E-Mail : \_\_\_\_\_ Home phone #: \_\_\_\_\_

Nationality: \_\_\_\_\_ Passport #: \_\_\_\_\_ exp date: \_\_\_\_\_

Place Passport was issued (required): \_\_\_\_\_  
PASSPORT CANNOT EXPIRE WITHIN 6 MONTHS OF RETURN HOME

Participant's Social Security Number: \_\_\_\_\_ (Required for treatment in most Hospitals.)

**Relative or friend to contact in the event of emergency (every attempt will be made to contact parents of minors first):**

Name & Relationship: \_\_\_\_\_

Phone #: \_\_\_\_\_ Alternate #: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_

Insurance Policy Number: \_\_\_\_\_

Place of employment providing insurance and employee's name: \_\_\_\_\_

Address and Phone Number of Company: \_\_\_\_\_

Please list any food or drug allergies known: \_\_\_\_\_

Special considerations to be aware of (ie: physical limitations, recent surgeries, or other conditions):

Medication (and dosage) participant is currently taking: \_\_\_\_\_

(EITHER A PHYSICIAN'S PERSCRIPTION OR PARENT NOTE MUST ACCOMPANY ALL MEDICATIONS FOR MINORS)

**In Case Of Emergency**, and in the event that I am not coherent or conscious, I hereby grant John Bland, and/or other adult chaperones of the Amigos for Christ Mission Trip, permission to act on my behalf in seeking emergency medical treatment for myself in the event that such treatment is deemed necessary.

I hereby give my permission to those administering medical treatment to do so.

I further absolve and release Amigos for Christ, as well as any volunteers and its employees, from any liability whatsoever when acting on my behalf in regard to medical treatment, and in any other respect deemed necessary should I become incapacitated.

I acknowledge that my signature on the bottom of this page signifies that I am in agreement with all the statements on this form. Furthermore, I agree to abide by all policies and expectations regarding adult leaders / chaperones as put forth by Amigos for Christ.

Signature of Participant(all ages): \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent if Participant is under 21 years of age: \_\_\_\_\_ Date: \_\_\_\_\_

