

First Baptist Church Elk City
Mission Trip Checklist

- Covenant
- Medical Information
- Medical Release Form
- Your “why”: A statement telling why you desire to go on the mission trip
- Your testimony
- A color copy of your passport (these can be made at the church office)
- Medical Fitness Certification (must be signed by a medical doctor)
- A \$200.00 deposit is required and will be applied to your trip balance

First Baptist Church Elk City

Trip: Nicaragua Trip Dates: _____

COVENANT

This covenant MUST be signed and returned with your application before you can be approved to participate in mission work at First Baptist Church Elk City.

WHEREAS, the undersigned will be traveling and working on mission projects which are sponsored in whole or in part by First Baptist Church Elk City, and

WHEREAS, the undersigned desires to release and hold harmless First Baptist Church Elk City, its pastor, staff members, deacons and leaders from any and all claims, demands or actions because of injury or illness to the undersigned.

NOW, THEREFORE, in consideration of the undersigned working or volunteering to work on projects sponsored by First Baptist Church Elk City, the undersigned hereby releases and discharges First Baptist Church Elk City, its pastor, staff members, deacons and leaders from claims present and future, known or unknown, in any matter arising out of the undersigned and specifically assumes all risk involved in travel and work on the projects.

The undersigned will never institute any action or suit at law or in equity against First Baptist Church Elk City, its pastor, staff members, deacons or leaders, nor institute, prosecute or in any way aid in the institution or prosecution of any claim, demand, action or cause of action for damages, cost, loss of service, expenses or compensation for or on account of any damage, loss, or injury either to person or property or both, whether developed or undeveloped, resulting or to result, known or unknown, past or present or future, arising out of the undersigned working with First Baptist Church Elk City.

Dated this _____ day of _____, 20_____

Signature of Participant: _____

Printed Name of Participant: _____

Signature of Parent/Guardian: _____

Note: This must be signed if participant is under 18 years of age

Printed Name of Parent/Guardian: _____

Signature of Witness: _____

Printed Name of Witness: _____

First Baptist Church Elk City
Mission Trip Medical Information & Release Form

Participant Name (as appears on passport): _____

Participant Address: _____

Participant Email Address: _____ Phone: _____

Date of Birth: _____ Male or Female (circle)

Beneficiary: _____ Relationship: _____

Emergency Contact Name: _____

Emergency Contact Phone Number: _____

Emergency Contact Address: _____

List any physical conditions you currently have (examples: allergies, headaches, etc.): _____

Medications currently being taken: _____

Are you allergic to bee stings? Yes or No (circle) What action is necessary in case of a sting? _____

Do you have any allergies to medicines? Yes or No (circle)

If yes, which ones? _____

In case you need medical attention, are there any special instructions we need to be aware of? _____

If yes, please list instructions: _____

Date of last tetanus shot: _____ If date cannot be remembered, please secure a booster shot prior to departure

Please attach the reason "WHY" you desire to go on the mission trip with FBC Elk City, and a brief summary of your testimony.

First Baptist Church Elk City
Mission Trip Medical Information & Release Form

Trip: Nicaragua Date: _____

MEDICAL RELEASE

As the participant, parent and/or guardian (if under 18 years of age) of said member, I hereby acknowledge that he/she is presently under my care, custody and control. In event there arises any emergency needing medical attention, I hereby consent and give my permission to First Baptist Church Elk City, or its representatives, or any attending medical physicians, to make such decisions and to perform such medical treatment, which may, in their sole discretion, be necessary and proper under the circumstances. As the participant, parent and/or guardian of said member, I hereby release, acquit, discharge to hold harmless the First Baptist Church of Elk City or its representatives or any attending physician, from any and all actions, damages, or liabilities arising out of the treatment of any sickness or accident incurred by above said participant during time away while on church activities.

Signature of Participant: _____ Date: _____

Printed Name of Participant: _____

Signature of Parent/Guardian: _____ Date: _____

Printed Name of Parent/Guardian: _____

(This must be signed if participant is under 18 years of age)

Witness Signature: _____ Date: _____

Printed Name of Witness: _____

Medical Insurance Provider: _____

Phone Number of Provider: _____

Policy Holder: _____

Policy Number: _____

Group Number: _____

Medical Fitness Certification

Date: _____

This is to certify that I, Dr. _____, a licensed medical practitioner

(medical license number _____), have examined the patient

_____ on _____.

Based on my evaluation I confirm that _____ is in good health

and there are no medical conditions that would pose a risk during travel.

Should you require any further information, please feel free to contact my office at the

phone number listed below.

Doctor's Signature

Medical Practice Name

Address

Phone Number