

# Permission Slip for Youth to Travel into Mexico

17 years of age and younger must complete this form

We hereby give permission for our child, \_\_\_\_\_, to travel with The Church of the Nazarene District Impact Choir from Arizona to Hermosillo and Guaymas and San Carlos Mexico, leaving on July 3, 2009 and returning on July 12, 2009. We understand that, due to disciplinary problems, our child may need to be sent home at our expense and we will take responsibility for any travel expenses.

\_\_\_\_\_  
Father's Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Notary to complete this portion:**

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

**Sworn to before me and subscribed in my presence**

This \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
**NOTARY PUBLIC**

**\*\*THIS FORM IS  
REQUIRED FOR ENRTY  
INTO MEXICO.**

**TWO SIGNATURES ARE  
REQUIRED AND  
NOTARIZED.**

**NO EXCEPTIONS!! \*\***

\_\_\_\_\_  
Mother's Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Notary to complete this portion:**

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

**Sworn to before me and subscribed in my presence**

This \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
**NOTARY PUBLIC**

# BEHAVIORAL CONTRACT

I, \_\_\_\_\_ agree to follow the rules and abide by the instructions set by the leaders of the Work and Witness trip to Mexico. I understand that the use of any alcohol, tobacco products, or illegal drugs is forbidden at all times and I will do my very best at all times to represent Impact, Christ, and His Church. I will do my best to live and act in a Christ-like manner and show others God's love in all I say and do. *To make this unique cross-cultural ministry experience (July 3 – 12, 2009) the most effective, I will put aside personal preferences and agree to adhere to the group's daily schedule, behavior standards and dress regulations. I understand that the Work and Witness Insurance Coverage does not include glasses, prosthesis, or hearing aide and unless these are damaged in an accident involving bodily injury. In addition, I hereby give the leaders of Impact permission to secure immediate treatment for me during the trip in the event that I am not able to make that decision due to an injury or illness. I hereby release Impact and the AZ/S. NV District Church of the Nazarene, its agents, employees, and officers of and from any fault and negligence, and all liability and claims whatsoever arising out of or related to any injury or loss, recognizing that this does not release Impact and the AZ/S. NV District Church of the Nazarene from future liability for gross negligence or intentional torts.*

\_\_\_\_\_  
Signature (Everyone must sign)

\_\_\_\_\_  
Date

I understand the commitment my son/daughter is making and support them and the Impact leaders. (17 years of age and younger must have parent's signature)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# Medical History Form

Everyone must complete this form!

Name \_\_\_\_\_ Age \_\_\_\_\_ Date \_\_\_\_\_

Date of Birth \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Sex \_\_\_\_\_

Primary Health Care Provider \_\_\_\_\_ Phone Number \_\_\_\_\_

Name & Emergency Phone Number of Parent/Guardian \_\_\_\_\_

Cell \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_

List of Food/Medication/Insect/Other Allergies \_\_\_\_\_

\_\_\_\_\_

List of Current Medications and Dosage \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Have you had any of the following problems: answer with yes or no and circle if appropriate:**

High Blood Pressure	Yes	No	if yes, list medications & dosage
Heart Disease/Murmur	Yes	No	if yes, describe below
Blood Clots in Legs/Lungs	Yes	No	if yes, give dates & describe below
Diabetes	Yes	No	if yes, please list all medications
Breast Disease	Yes	No	if yes, give dates & details below
Migraine Headaches	Yes	No	if yes, do you use medications
Hepatitis/Jaundice	Yes	No	if yes, give dates
Gallbladder Problems	Yes	No	if yes, describe below
Lungs Disease/TB/Asthma	Yes	No	if yes, circle which one & give dates
Bladder/Kidney Infections	Yes	No	if yes, give dates/medications
Ulcers	Yes	No	if yes, do you use medications? List below
Diverticulitis	Yes	No	if yes, use medications? List
Anemia	Yes	No	if yes, use medications? List

Year of Last Tetanus \_\_\_\_\_

(This is important, if you step on a nail, get a dog bite, etc, and your tetanus is not current- we will take you to get a shot)

Other Diseases/Problems:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List Dates & Types of Surgeries:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list and describe any other medical history you think could be important for a health care provider to know:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# MEDICAL RELEASE FORM

Everyone must complete this form!

Traveler's Name \_\_\_\_\_

Date \_\_\_\_\_

I hereby give (team leaders) Paul Plumb, Marlene Plumb, Chris Miller, Mark Miller, Chuck Warner, Thomas Honea, Richelle Honea, Brad Kels, Eddie Laub, Kelsy Baker, Tyler Grant, Tasha Vargas, Roger Gonzales, permission to secure immediate medical treatment for me (traveler), \_\_\_\_\_, in the case that I am not able to make that decision due to an injury or illness. In the case of a minor, I, the legal guardian give permission to the above mentioned to secure immediate medial treatment for my child in the event of accident or illness. In either case it will be from the dates of July 3, 2009 to July 12, 2009.

Sign in presence of notary

SIGNATURE \_\_\_\_\_  
(of adult traveler or guardian of minor)

NAME: \_\_\_\_\_  
(of adult traveler or guardian of minor)

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NOTARY TO COMPLETE THIS PORTION:

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Sworn to me and subscribed in my presence

This \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC

\_\_\_\_\_  
EXPIRATION DATE

**One notarized  
signature is required  
for this form**

## **As you are packing for June W & W please Remember:**

Please look carefully at the agenda and consider workdays (There are four, but you can usually wear nasty work clothes twice!), 3 services, 5 VBS, 1 evening and 1 day for fun at the beach, and two travel days. You may pack one normal suitcase plus 1 normal handbag. No bedding or towels are needed.

- 1) Your favorite Bible
- 2) A Steno pad or other paper
- 3) Pen & pencil
- 4) Work gloves – 2 pairs (The gray leather kind are \$3.00 at Wal-Mart) be sure to put your name in permanent marker on the outside of the gloves.
- 5) A good work hat or two
- 6) Sun screen – Sooooo important
- 7) Deodorant – Even more important!!!
- 8) Comfortable work shoes...If you work in concrete these may be ruined!
- 9) Shorts – Please think modestly to the knees girls...if in doubt, leave it out! Bermudas are great. No shorts at services! Or VBS
- 10) Swimsuits – If it is not a modest 1 piece, wear a shirt & shorts over it
- 11) Jeans are acceptable for all occasions except swimming.
- 12) We have asked all churches to do a food and clothing drive. We have many tools to transport. Therefore, we are asking each person to bring one large suitcase (Buy them at garage sales for \$5) to carry this stuff in and then donate the suitcase to a Mexican family. Thanks!
- 13) Any money still owed in **CASH**
- 14) **A smile and a great attitude!!!**