

Panama 2018

Legal & Medical Forms

In addition to the following documents, a scan of the participant's passport should be turned in by May 6th.

GCC Panama Emergency Info – JULY 26th-AUGUST 3rd, 2018
Trip to Chame, Panama – Panama Province

PRINT Name of Applicant: _____ **PHONE:** _____

In case of accident notify: _____ **PHONE:** _____

If the above person cannot be reached, call: _____ **PHONE:** _____

MEDICAL INFORMATION

Health Insurance Provider: _____

Policy or ID #: _____

Group #: _____

Health Insurance Company's Phone #: _____

Physician's name: _____ **PHONE:** _____

The U. S. Center for Disease Control ("CDC") advises that there are not required vaccines for Panama. The CDC **recommends** that you have had a tetanus shot within the last 10 years, hepatitis A and B vaccines, typhoid, and adults have had a polio booster, if none received since childhood. The CDC advises that there is no risk of malaria in Panama City and the former Canal Zone. Which vaccinations you need depends on a number of factors including your age health status, and previous immunizations. Because of these factors, it is strongly recommended that you see your private doctor and to discuss the above and any other pertinent health issues while traveling overseas. For more health information sees <http://www.cdc.gov> or <http://www.who.int/ith/en/>. GCC IS NOT RESPONSIBLE FOR THE ACCURACY OF ANY HEALTH OR MEDICAL ADVICE OR INFORMATION CONTAINED IN THIS FORM, OR OTHERWISE PROVIDED BY THE INTERNET WEBSITES AND GOVERNMENT AGENCIES MENTIONED IN THIS FORM.

Date of last doctor appointment: _____ **Date of last tetanus shot:** _____

Please explain medical concerns and list vaccinations received on the back.

Physical disabilities/limitations: _____

Prescription and over the counter medications or supplements: _____

Please staple a copy of the prescription to this form when you return it.

Special Dietary Needs: _____

Allergies of any type (food, medicine or others): _____

Signature of Applicant: _____ **Date:** _____

Signature of Parent/Guardian: _____ **Date:** _____

Parental Permission/ Medical Waiver Form (Minors Only)

PARENTAL PERMISSION, MEDICAL AUTHORIZATION AND WAIVER

I, the undersigned parent, do hereby grant permission for my child _____ to attend and participate in the Mission Trip to Panama (the "Mission Trip") sponsored by GURNEE COMMUNITY CHURCH ON JULY 26th-AUGUST 3rd, 2018.

I hereby appoint Josiah Goering as legal guardian ("Guardian") of the person of my child, *in loco parentis*, for the express purpose of giving any required consent to necessary medical treatment of my child. I authorize the Event Sponsor to designate an individual, by inserting his or her name above, to serve as the Guardian. I do hereby ratify the actions of the Guardian under this authorization, including but not limited to all actions to obtain medical treatment, medicines, and other services or products for the benefit and care of my child.

I further agree to be financially responsible for all medical care, medicine, services, products and other charges as the above Guardian or the Event Sponsor may incur on behalf of my child, and any physician, hospital or health care provider to whom this Medical Authorization is presented shall be entitled to act in reliance upon the same.

I submit the following information in case of an emergency:

Emergency Telephone Number: _____

Insurance Company or Group: _____

Policy or Group Number: _____

Name of Family Physician: _____

Phone Number of Physician: _____

I understand that the Sponsor cannot insure against all types of accidents and harm which may occur to my child. Accordingly, I hereby agree (on behalf of myself as parent and on behalf of my child) that no claims, suits or legal actions shall be brought against the Guardian and the Sponsor or any of the Sponsor's officers, directors, trustees, members, elders, deacons, pastors, agents, employees, representatives, contractors and other parties involved in planning and supervising the Event on behalf of the Sponsor, to collect damages for personal injury or death or damage to property or any other liability or harm.

For value received, and with the understanding that the Guardian and the Sponsor would not agree to sponsor and supervise the Event in the absence of the forgoing parental permission, medical authorization and waiver, I have signed this document on _____, 2018 with intent to be legally bound.

Witness

Parent/Guardian

Release of Claims Forms (Minors)

**RELEASE OF CLAIMS
FOR MISSION TRIP TO PANAMA**

In consideration of being permitted to participate in the Mission Trip to Panama scheduled for JULY 26th through AUGUST 3rd, 2018 (the "Mission Trip") sponsored by GURNEE COMMUNITY CHURCH (the "Sponsor"), the undersigned parents and/or legal guardians of _____, a minor child (the "Participant") hereby agrees as follows:

ACKNOWLEDGEMENT OF RISK: For myself and on behalf of the Participant, I acknowledge the following: I acknowledge that there are serious risks inherent in visiting, working and traveling in a foreign country, especially a developing nation like Panama. I acknowledge that health, safety, sanitary, medical and travel facilities and other facilities, infrastructures and services in Panama are usually provided and maintained at standards lower than those provided in the Untied States. I acknowledge that the Participant may be exposed to risks of disease, sickness, injury and even death when he or she travels in and works in Panama, and that medical, emergency, police, safety and other services available in Panama may not be sufficient to protect him or her from such harm. I also acknowledge that there are serious risks involved in traveling to and from Panama (including travel in the United States and overseas) and traveling in Panama by motor vehicle, train, boat or airplane or other method of travel. All of these risks are referred to in this agreement as the "Risks".

ASSUMPTION OF RISK. I hereby agree, on behalf of myself as parent and on behalf of the Participant, to assume the Risks, and also to assume all other risks of participating in the Mission Trip, including without limitation the risk of injury or death and damage to property, which may occur as a result of or in connection with the Participant's presence in Panama or participation in the Mission Trip in any capacity.

RELEASE FROM LIABILITY. I hereby agree, on behalf of myself as parent and on behalf of the Participant, to release, waive, indemnify, defend and hold the Sponsor harmless from any and all Claims for personal injury, death and property damage arising from Participant's presence in Panama or participation in the Mission Trip in any capacity.

WITH INTENT TO BE LEGALLY BOUND, and knowing that the Sponsor would not agree to permit the Participant to participate in the Mission Trip unless I signed this document, I do hereby execute and deliver this Release of Claims as of the date set forth below.

NAME OF PARENT OR GUARDIAN SIGNATURE OF PARENT OR GUARDIAN DATE

NAME OF WITNESS (PRINT) SIGNATURE OF WITNESS DATE

ADDRESS AND TELEPHONE NUMBER OF PARENT OR GUARDIAN (PRINT)

NAMES OF OTHER PARENTS OR GUARDIANS OF PARTICIPANT (IF ANY):

Release of Claims Forms (Adults)

**RELEASE OF CLAIMS
FOR MISSION TRIP TO PANAMA**

In consideration of being permitted to participate in the Mission Trip to Panama scheduled for JULY 26th through AUGUST 3rd, 2018 (the "Mission Trip") sponsored by GURNEE COMMUNITY CHURCH (the "Sponsor"), the undersigned ("Participant") hereby agrees as follows:

ACKNOWLEDGEMENT OF RISK: I acknowledge that there are serious risks inherent in visiting, working and traveling in a foreign country, especially a developing nation like Panama. I understand that health, safety, sanitary, medical and travel facilities and other facilities, infrastructures and services in Panama are usually provided and maintained at standards lower than those provided in the United States. I understand that I may be exposed to risks of disease, sickness, injury and even death when I travel in and work in Panama, and that medical, emergency, police, safety and other services available in Panama may not be sufficient to protect me from such harm. I also understand there are serious risks involved in traveling to and from Panama (including travel in the United States and overseas) and traveling in Panama by motor vehicle, train, boat or airplane or other method of travel. All of these risks are referred to in this agreement as the "Risks".

ASSUMPTION OF RISK. I freely and voluntarily agree to assume the Risks, and to assume all other risks of participating in the Mission Trip, including without limitation the risk of injury or death and damage to property, which may occur as a result of or in connection with my presence in Panama or my participation in the Mission Trip in any capacity.

RELEASE FROM LIABILITY. I agree to release, waive, indemnify, defend and hold the Sponsor harmless from any and all Claims for personal injury, death and property damage arising from my presence in Panama or my participation in the Mission Trip in any capacity.

WITH INTENT TO BE LEGALLY BOUND, and knowing that the Sponsor would not agree to permit me to participate in the Mission Trip unless I signed this document, I do hereby execute and deliver this Release of Claims as of the date set forth below.

NAME OF PARTICIPANT (PRINT) SIGNATURE OF PARTICIPANT DATE

NAME OF WITNESS (PRINT) SIGNATURE OF WITNESS DATE

ADDRESS AND TELEPHONE NUMBER OF PARTICIPANT (PRINT)

Child Abduction Forms (Minors Only)

SAMPLE of personal letter needed by minors traveling to Panama
(Needed to Comply with International Law concerning Child Abduction)

April 19, 2015

To whom it may concern:

We, Christopher and Lynette Gregory, as parents of Kendra Lyn Gregory give permission for her to travel to Chame, Panama, with GURNEE COMMUNITY CHURCH Youth Ministry trip. The trip will be JULY 26th-AUGUST 3rd, 2018. The trip leaders are Josiah Goering and Brian Walter. The group will be visiting Tracy Delibasich.

Sincerely,

Lynette and Christopher Gregory
(Signed and printed name of each parent)

Notary Seal
[Place right here]

Directions below line are not to be included in your letter.

Directions for Your letter:

- Type your own letter using the words above. Simply substitute your personal information for the words in italics above.
- Please have a notary stamp your letter and return it with all the other forms in this packet.
- It does not need to be put in an envelope.

Notes:

- **Goal of the Letter:** Personal letter from non-attending parents giving minors (under 18) permission to travel out of USA listing pertinent details of trip.
- **One letter per household:** If you have more than one child attending this trip then just list them on the same letter.
- **Further questions about this:** Call the State Department Office of Overseas Citizens Services. 1-888-407-4747