

## Encuentro 2018: Emergency Contact and Medical Information for

Participant's Name <b>AS IT APPEARS ON YOUR PASSPORT</b>	Date of Birth	Age:	M F Sex
Participant's E-mail (majority of communication)	Parent's/Guardians E-mail (majority of communication)		
Parent's/Guardian's Name	Parent's/Guardian's Name		
( ) Home Phone	( ) Mobile Phone	( ) Home Phone	( ) Work Phone
Address	Address		
City, ST ZIP Code	City, ST ZIP Code		

### Alternative Emergency Contacts

Primary Emergency Contact	Secondary Emergency Contact		
( ) Home Phone	( ) Mobile Phone	( ) Home Phone	( ) Mobile Phone
Address	Address		
City, ST ZIP Code	City, ST ZIP Code		

### Medical Information

Is the participant taking any medication?  YES  NO Specify:

Is the participant allergic to any medication?  YES  NO Specify:

Are you under the medical care of a physician for any condition (physical or emotional)?  YES  NO Specify:

Physician's Name	Physician's Phone Number
Insurance Company	Policy Number
Allergies/Special Health Considerations	

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

Parent's/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

PHOTO RELEASE: I give my permission for the participant stated above to be photographed and/or video-taped during this mission trip. I give permission for North Central Ohio District and the Church of the Nazarene to use on their website and possible future publicity.

Parent's/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE PROVIDE A PHOTO COPY OF YOUR INSURANCE CARD**



**PARTICIPANT CONSENT FORM**

In consideration for my participation on the MISSION TRIP TO GUATEMALA, I, the undersigned, covenant and agree with ENCUENTRO INC. not to commence or prosecute, and to hold harmless ENCUENTRO INC. in the event of commencement or prosecution of, any demand, claim, action, suit or proceeding which may be asserted against it with respect to any loss of property, damage to property, personal/bodily injury, harm or illness including death that may come to me while engaged in the activities of the above named Event taking place on June 30-July 7, 2018 while participating or while on the property of ENCUENTRO INC. during any activity relating to this event. This waiver applies to any harm, injury or illness that is the result of negligence by any party or intentional acts of other participants or volunteers at the Event or that is the result of negligence by ENCUENTRO INC. or any of its agents, employees, assigns, volunteers or other representatives in any other manner. I understand that ENCUENTRO INC. does not assume any liability for such loss, damage, personal injury, harm, or illness.

\_\_\_\_\_  
Printed Participants Name

\_\_\_\_\_  
Printed Parent or Guardian Name

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date



**ALCOHOL & DRUG POLICY**

By signing, the undersigned acknowledges that (1) **ENCUENTRO INC.** does not allow the possession or the use of any form of drugs or alcohol by anyone during its activities; (2) if anyone participating in this activity is caught possessing or using drugs or alcohol during such participation will be asked to leave the team and go home at their own expense; (3) any violation of law resulting from such possession or use will be reported to law enforcement; and (4) any fines or legal actions will be the responsibility of the participant. The undersigned also grants designated leaders of **ENCUENTRO INC.** activities the right to search participants luggage, bags, person, and rooms at any time during the trip if they suspect any violation of this alcohol and drug policy. The foregoing applies to all activities, on or off campus, conducted by **ENCUENTRO INC.** occurring **June 30-July 7, 2018 or July 7-14, 2018.**

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**Printed Participants Name**

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**Printed Parent or Guardian Name**

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**Signature of Participant**

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**Signature of Parent or Guardian**

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**Date**

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**Date**



**Unaccompanied Minor Form**

To Whom It May Concern:

I give my permission for \_\_\_\_\_ to travel to Guatemala City, Guatemala  
(minor, 17 years and under) (city, country)

in the company of \_\_\_\_\_, \_\_\_\_\_ from \_\_\_\_\_  
(adult's name) (adult's passport #) (start date – end date)

PARENT/  
LEGALGUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_

PARENT/  
LEGAL GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_

NOTARY \_\_\_\_\_

DATE \_\_\_\_\_

(SEAL)

**NOTE: Both (2) parents/guardians MUST sign this form for any international trips.**