

The Pequeños Project, Welcome/Info Letter– Guatemala Mission Trip,
June 13-21 or June 23-July 2, 2011

Dear Mission Participant,

On behalf of Side By Side Ministries, welcome to the adventure of experiencing a mission trip! We are so excited you are interested in serving the children at the home of Nuestros Pequeños Hermanos in Guatemala. They will be so blessed by your presence. As you prepare for this trip, know that they are so excited for your arrival! If you have any questions, please contact us at 763/797-0441 or info@sbsyouth.org or www.sbsyouth.org.

Use this form as a guide to prepare for your trip!

Missions Prep Meeting: TBD

For Student Participants

The following PAPERWORK you need TO TURN IN:

- 1. Application form
- 2. Notarized form
- 3. Copy of passport
- 4. Copy of medical insurance card
- 5. Code of conduct
- 6. Student/Adult Consent (2 pages)
- 7. Physician form with proof of required travel immunizations
- 8. Required vaccinations/non-prescription medication form
- 9. Group Travel Medical Insurance

Important Information documents DO NOT TURN IN:

- 10. Baggage Guidelines
- 11. Welcome Info Letter
- 12. Packing List
- 13. Example Schedule
- 14. Payment Schedule

For Adult Participants

The following PAPERWORK you need TO TURN IN:

- 1. Application form
- 2. Copy of passport
- 3. Copy of medical insurance card
- 4. Code of conduct
- 5. Student/Adult Consent (2 pages)
- 6. Adult Leader/Chaperone Responsibilities
- 7. Physician form with proof of required travel immunizations
- 8. Required vaccinations/non-prescription medication form
- 9. Group Travel Medical Insurance

Important Information documents DO NOT TURN IN:

- 10. Baggage Guidelines
- 11. Welcome Info Letter
- 12. Packing List
- 13. Example Schedule
- 14. Payment Schedule

All forms are can be found at www.sbsyouth.org - DEADLINE TO TURN IN ALL PAPERWORK: Paper work must be turned in no later than Friday, April 22nd, 2011 to Side By Side Ministries. Check with your leader for further deadlines. All paperwork to turn in must be completed to participate.

**Contact Info: Side By Side Ministries – 755 Florida Ave. S, Suite D5, Golden Valley, MN 55426
Phone: 763/797-0441 – Info@sbsyouth.org**

Side By Side Ministries
The Pequeños Project – Guatemala Mission Trip 2011
Nuestros Pequeños Hermanos

STUDENT/ADULT CONSENT FORM AND LIABILITY WAIVER

*Please Print Clearly

Participant Full Legal Name: _____
(First - Middle - Last, as it appears on passport.)

T-shirt Size: S M L XL 2XL

Age: _____ Birth date: ____/____/____ Gender: Male____ Female____

Address: _____ City: _____
_____ State: _____ Zip: _____

Parent/Best Contact Email: _____

Phone: Daytime (____) _____ Evening (____) _____

(if applicable) Mother's name: _____ Cell (____) _____

(if applicable) Father's name: _____ Cell (____) _____

By signing this form, I grant permission for the above-named child or adult to participate in this mission trip event that requires transportation to and from Guatemala. This activity will take place under the guidance and direction of Side By Side Ministries staff and volunteer leaders.

Type of event: Mission Trip 2011 to NPH Home in Guatemala with **Departure, travel** to Guatemala, and **return**.

(Please circle your travel date)

June 13 – 21, 2011 --- San Andreas Iztapa, Guatemala

OR

June 23 – July 2, 2011 --- San Andreas Iztapa, Guatemala

Transportation: Planes and Buses

Emergency Treatment: In the event of emergency, I hereby give permission to transport my child or myself as the adult participant to a hospital for emergency or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers, you can contact:

Emergency Contact Name: _____ Relationship: _____
_____ Phone: _____

Parent/Guardian/Adult Signature: _____ Date: _____

Continue Student/Adult Consent Form Page 2

Participant Full Legal Name: _____
(First - Middle - Last, as it appears on passport.)

Family Doctor: _____ Phone: _____

Family Health Plan Carrier: _____ Phone: _____

Name of Insured: _____ Relationship: _____

Policy and/or ID #: _____

Specific Medical Information: Side by Side Ministries will take reasonable care to see information remains in confidence. Is this child subject to chronic homesickness, emotional reactions to new situations, sleepwalking, bedwetting, fainting? Yes ___ No ___ If yes, what? _____

Has this child been recently exposed to any contagious disease or conditions (mumps, measles, chickenpox, etc.)? Yes ___ No ___ If yes, date and type of disease or condition: _____

Is this child/leader taking any prescribed medications? Yes ___ No ___

You should be aware of the following medical conditions concerning this child/leader and/or details of any medication he/she is taking at present and concise directions for such (includes medication name, dose, frequency, purpose):

By signing this form, parent/guardian remains legally responsible for any personal actions taken by the above-named minor or adult participant. Parent/guardian/adult participant agrees on behalf of themselves, child named herein, heirs, successors, and assigns, to hold harmless and defend Side By Side Ministries and Nuestros Pequeños Hermanos, its officers, directors and agents, chaperones, or representatives associated with the event, from any claims or lawsuits arising from or in connection with child or adult attending the mission trip or in connection with any illness or injury of cost of medical treatment in connection therewith, and agrees to reimburse Side by Side Ministries and Nuestros Pequeños Hermanos, its officers, directors and agents.

Parent/Guardian/Adult Signature: _____ Date: _____

MEDICAL MATTERS: PARENT/GUARDIAN HEREBY WARRANTS THAT TO THE BEST OF THEIR KNOWLEDGE, THIS CHILD IS IN GOOD HEALTH, AND ASSUMES ALL THE RESPONSIBILITY FOR THE HEALTH OF THEIR CHILD.

Code of Conduct

1. Participant agrees to take part in all preparation meetings, the pre-mission trip day retreat, and fundraising activities of your church missions group.
2. Participant may not use or possess alcoholic beverages, tobacco products and/or any illegal drugs.
3. Participant is not allowed in the sleeping areas of the opposite gender at any time.
4. Participant will respect others and their personal property
5. Participant agrees to abide by all guidelines established by the Pequeños Mission team and NPH leaders, including lights-out time, quiet time in sleeping area, food guidelines for eating, and staying within designated areas.
6. Participant will report all injuries, illness, and emergencies to adult leaders.
7. Participant agrees to respect the authority of the Pequeños Project staff, the group leader, and chaperones.
8. Participant will follow the following safety guidelines while traveling and on outings:
 - a. Always travel with your assigned group; NEVER wander off alone.
 - b. Always listen to the specific instructions of your group leader
9. Participant will follow the following dress code:
 - a. Dress must be, above all, MODEST. Stomachs must not show, and any shorts or skirts worn must be just above the knee or longer. Tube tops, halter tops, and spaghetti straps are *not* allowed. T-shirts are recommended. Males must wear shirts at all times.
 - b. Participant must follow the instruction of a leader if told to change into different clothing.
10. Participant will agree to this Code of Conduct by signing a Contract of Conduct.

Code of Conduct Signature

Contract of Conduct

I have read the Code of Conduct sheet and agree to abide by the rules set forth therein.

Mission Participant: _____
Please Print

Signed: _____ **Date** _____
Mission Participant

Signed: _____ **Date** _____
Parent/Guardian/Adult

Side By Side Ministries
Pequeños Project – Guatemala Mission Trip 2011
Nuestros Pequeños Hermanos

PHYSICIAN FORM

I EXAMINED: _____ ON: _____
First, Last Name (Print clearly) Date

HEIGHT: _____ WEIGHT: _____ AGE: _____ RESTING BP: _____ DOB: _____

Specific Medical Information: Side By Side Ministries will take reasonable care to see information remains in confidence.

1. Known allergies (medication, foods, or environment): _____

2. Medically prescribed meal plan or dietary restrictions: _____

3. Glasses, contacts, or protective eyewear: _____
4. Physical limitations: _____

5. Current prescribed medications (name, reason, dosage, frequency – please attach additional pages if necessary)

6. You should be aware of the following medical conditions concerning this patient at present and concise directions for such:

7. Date of last tetanus/diphtheria immunization:

8. Other relevant immunization dates ACCORDING TO COUNTRY
!!!!!!!!!!!!!!!!!!!!!!(hepatitis, malaria, typhoid, etc...)!!!!!!!!!!!!!!!!!!!!

9. Is there any reason why this patient should not participate in certain activities relevant to missionary work (heavy lifting, running, sun exposure, etc)?

*Signature of licensed medical personnel: _____

Printed name: _____ Date: _____

Address: _____

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The Pequeños Project – Guatemala Mission Trip 2011
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Required Vaccinations

I have made an appointment to get a physical examination and vaccinations at least 8 weeks prior to the mission trip and will inform the examining physician of my plans to travel to Guatemala. During your trip we may travel to the following areas in Guatemala: San Andres - Itzapa, Panajachel, Parramos, Antigua, and Chimaltenango.

Participant Name: _____
(Please Print)

Signed: _____ Date _____
Mission Participant

Signed: _____ Date _____
Parent/Guardian/Adult

Vaccinations needed/Notes:

1. Hepatitis A vaccine
2. Updated tetanus shot
3. Any other vaccinations recommended by your physician
4. Please pack your immunization record along with your passport for traveling, so we may refer to this in case of emergency.

Resource: Park Nicollet Travel Clinic, St. Louis Park: 952.993.3131 -
www.parknicollet.com/Travel

Non – Prescription Medication

The Pequeños Project mission team will carry a complete medical kit for minor injuries or illnesses. We can provide non-prescription medications such as ibuprofen, pepto bismol, cough drops, and acetaminophen, but we will do so only with your permission. Please check the appropriate space:

_____ I give permission for provision of non-prescription medications if needed.

_____ I do not give permission for provision of non-prescription medications.

Print Participant Name _____ Date _____

Parents/Guardian/Adult Signature _____ Date _____

Group Travel Medical Insurance

Side By Side Ministries buys a Travel Medical Insurance policy for each mission participant. Under this policy, there are specific guidelines to be eligible for coverage if a situation would arise while on the mission trip.

Under the Patriot International version of Patriot Group Travel Medical Insurance, if a condition is determined to be a pre-existing condition, it may still be covered up to \$15,000 for medical treatment, or \$25,000 for emergency medical evacuation, if the following provisions are met:

- 1.) The insured must not be traveling against or in disregard of the recommendations, established treatment programs, or medical advice of a physician or other healthcare provider; and
- 2.) The insured must not be traveling with the intent or purpose to seek or obtain treatment for the condition; and
- 3.) The insured person must not be traveling during a period of time when he or she is preparing or waiting for, involved in, or undertaking a new, changed or modified treatment program with respect to the condition, and is not traveling subsequent to any such new, changed or modified treatment program having been advised or recommended; and
- 4.) The condition must have been stabilized for at least 30 days prior to the effective date without change in treatment; and
- 5.) The insured must be traveling outside the USA.

I have read the provisions and abide by the guidelines set forth.

Participants Name: _____

Please Print

Signed: _____ **Date** _____

Parent/Guardian/Adult

Adult Leaders/Chaperone Responsibilities

1. Adult Leaders agree to take part in all preparation meetings, the pre-mission trip day retreat.
2. Adult leaders will uphold the rules by reporting to Director of Mission any suspect or use of alcoholic beverages, tobacco products and/or any illegal drugs.
3. Adult leaders will help to enforce appropriate sleeping arrangements.
4. Adult Leaders are responsible for the safety of the participants of their Mission Group and must know at all times the location/activity of their participants.
5. Adult Leaders will reinforce lights-out time and quiet time.
6. Adult Leaders are responsible for any necessary disciplinary actions to ensure the safety of the participant of their mission group.
7. Adult Leaders will report all injuries, illness, and emergencies to Mission Trip Director.
8. Adult Leaders will help to enforce to respect the authority of the Pequeños Project staff, mission staff, and chaperones/adult leaders.
9. Adult leaders will reinforce the following safety guidelines while traveling and on outings:
 - a. Always travel with your assigned group; NEVER wander off alone.
 - b. Always listen to the specific instructions of your group leader.
 - c. Adult Leaders will enforce Dress Code and take any necessary action to ensure the safety of the participant.
 - d. Dress must be, above all, MODEST. Stomachs must not show, and any shorts or skirts worn must be just above the knee or longer. Tube tops, halter-tops, and spaghetti straps are *not* allowed. T-shirts are recommended. Males must wear shirts at all times.
10. Adult Leader will agree to their Adult Leader/Chaperone Responsibilities by signing the Contract of Adult Leader/Chaperone Responsibilities.

Signature

Contract of Adult Leader/Chaperone Responsibilities

1. **I have read the Adult Leader/Chaperone Responsibilities sheet and agree to abide by the rules set forth therein.**

Adult Leader/Chaperone Participant: _____

Please Print

Signed: _____ **Date** _____

Adult Leader/Chaperone