

**Back2Back
EMERGENCY INFORMATION**

Group Name: _____ **Trip Date:** _____

Name: _____ M F Emergency Contact: _____
 Home Address: _____ Relationship: _____
 City/State: _____ Phone: (____) _____
 Zip Code: _____ Physicians Name: _____
 Home Phone: (____) _____ Physicians Phone: (____) _____
 Office phone: (____) _____ Date of Birth of Trip Participant: __/__/____
 Email: _____

HEALTH INSURANCE: Each participant is responsible for medical expenses. Sickness and accident insurance is required, which Back2Back will purchase.

Insurance Co.: _____ Policy #: _____
 Street Address: _____ City/State/Zip: _____

MEDICAL INFORMATION:

A. Allergies (including medicines, foods, bites, stings): List below (use back of page if necessary). **O NONE**

Allergy	Reactions	Medication Required

B. Medication: List all current medications below (use back of page of necessary). **O NONE**

Medication	Condition	Dosage (size/frequency)	Current Side Effects

HEALTH PROFILE: Check and describe below

- | | |
|--|---|
| <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><input type="checkbox"/> 1. Pregnant</p> <p><input type="checkbox"/> 2. Medical Equipment</p> <p><input type="checkbox"/> 3. Seizure within the past 1 year</p> <p><input type="checkbox"/> 4. Hospitalization/Emergency Room visit within the past year</p> <p><input type="checkbox"/> 5. High blood pressure, even if being treated with medication</p> <p><input type="checkbox"/> 6. Neck/back/shoulder/knee/ankle problem</p> | <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><input type="checkbox"/> 7. History of heart attack/by-pass/angioplasty/angina</p> <p><input type="checkbox"/> 8. Other cardiac conditions (heart murmur/irregular heartbeat (specify below)</p> <p><input type="checkbox"/> 9. Diabetic requiring medication</p> <p><input type="checkbox"/> 10. Known abnormally high cholesterol level or on a special diet or medication</p> <p><input type="checkbox"/> 11. Please list or describe anything else of which Back2Back should be aware regarding your medical conditions (physical, mental, etc)</p> |
|--|---|

Issue #	Detailed description including symptoms/any restrictions (use back of page if necessary)

AUTHORIZATION:

NOTARIZE THIS PAGE

FOR MINORS/ADULTS:

I/we individually and/or as parents and natural guardians of my/our minor child do hereby authorize, permit and consent to any X-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care, to be rendered to the minor/adult under the general or special supervision and on the advice of any physician or dentist duly licensed on the medical staff of a licensed hospital, clinic or emergency care center whether such diagnosis or treatment is rendered at the office of said physician or at said hospital, clinic or emergency care center.

The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child or for me pursuant to this authorization.

Should it be necessary for me/my child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

SIGNATURE REQUIRED:

Consent is hereby given for the applicant to attend a Back2Back Mission Trip and permission is given for any emergency anesthesia, operation, hospitalization or other treatment which might become necessary.

All information will remain confidential. You should know that over the years, many participants with a variety of medical/psychological difficulties have successfully completed our programs, but we must be aware of these conditions. Failure to disclose such information could result in serious harm to you and your fellow participants.

Name of participant: _____

Name of parent/guardian: _____

Signature of participant: _____

Signature of Parent/Guardian: _____

Date: _____

Notary: _____

My Commission Expires: _____

Date: _____

SEAL

LIABILITY RELEASE
FOR MINORS

In consideration of the acceptance given the undersigned by **BACK2BACK MINISTRIES, INC.** for participation in the _____ Trip from _____ to _____, the undersigned, who hereby represents that he/she is the parent and/or guardian of the participant, possessing the legal authority to consent to the participant's participation in the above listed activity or receipt of which is hereby acknowledged, does by these presents hereby forever release and discharge **BACK2BACK MINISTRIES, INC.**, their employers, employees, principals, agents, insurers, successors, and assigns, for and from any and all liability, claims, demands, controversies, damages, actions, and causes of action arising out of, or resulting from the participant's participation in the above described activity or event, including but not limited to all liability, claims, or demands for personal injury, sickness, or death, as well as property damage and expenses arising out of, directly or indirectly, the aforementioned activity or event.

The undersigned acknowledges the risks inherent in the aforesaid activity of event and hereby voluntarily and knowingly assumes those risks on behalf of the participant and acknowledges that, in releasing and waiving all claims, demands, actions, or causes of action heretofore mentioned, that undersigned does so on behalf of the participant, himself or herself, his, her, or the participant's heirs, executors, administrators, successors, and assigns.

The undersigned represents that he or she fully understands the intent, meaning, and import of this agreement and has read the same prior to signing.

The undersigned, by signing this agreement, authorizes the aforementioned parties to provide or furnish any necessary transportation, food, or lodging associated with this activity or event. Further, the undersigned does hereby acknowledge his or her, or the participant's status and capacity of that of a licensee only, with respect to any real property used or occupied in conjunction with the aforementioned activity or event and does also hereby release and discharge owner and occupier of said real property from any and all liability, claims, demands, controversies, damages, actions, and causes of action arising out of the use or occupation of said real property.

The undersigned further hereby agrees to indemnify and save harmless the aforementioned parties, their employers, employees, principals, agents, insurers, successors, and assigns from any liability incurred by said parties resulting from the negligent, willful, wanton, or intentional acts of the undersigned or the participant.

The undersigned hereby acknowledges the receipt of rules and regulations promulgated and distributed by the parties and hereby agrees on behalf of the participant, to abide by the same and further agrees, on behalf of the participant, to adhere to the directions of those in authority and leadership for the activity or event.

PARTICIPANT (Please Print)

PARENT OR GUARDIAN
SIGNATURE

PARTICIPANT'S SIGNATURE

Notary _____

Date _____

Permission for Minors to Travel To and From Nigeria

This form does not need to be filled out if both parents are traveling with the minor. If neither parent is traveling with the minor, only section #1 needs to be filled out. If only one parent is traveling with the minor, then both sections #1 & #2 need to be filled out and signed. In either case, both sections need to be notarized.

SECTION #1

This is to certify, that _____ is a United States citizen, born in _____

(name of minor traveling)

_____, _____ in the county of _____

(city)

(state)

(name of county)

on _____. As the parent(s) of this minor, we give permission for him/her to travel

(mm/dd/yyyy)

to and from the country of Nigeria with _____ & Back2Back

(Church/organization)

Ministries. The scheduled date for this trip is _____.

(Signature of Mother/Guardian) *

(Signature of Father/Guardian) *

(Mother's Address)

(Father's Address - put "same" if married)

(City, State, Zip)

(City, State, Zip)

(_____)_____
(Telephone number)

(_____)_____
(Telephone number)

* Must have both parent signatures or documented divorce decree/death certificate. Please fill bottom out ONLY if one parent is traveling to Nigeria with _____ & Back2Back Ministries.

SECTION #2

Permission for one Parent to accompany a minor

I, _____ give my _____, _____

(Spouse's name)

(husband/wife)

(traveling spouse's name)

full permission to accompany our _____, _____

(son/daughter)

(Child's name)

out of and returning to the USA and out of and to foreign lands not of US

possession on the dates of _____ through _____.

Notary _____

Date _____

Agreement Policy for Nigeria

**Please read and consider carefully before signing.
You may decide not to participate after reading this.**

- ____
Initial I agree that I will not bring or use any drugs, alcohol, cigarettes, and chewing tobacco while participating with the event of Back2Back Ministries.
- ____
Initial I will not leave the ministry facility without a Back2Back Ministries' staff person under any circumstance.
- ____
Initial I give permission for Back2Back to use group or individual photos or video in any B2B publication.
- ____
Initial I agree that I will not harm any child by teaching inappropriate language, coarse jesting, or by sexually or physically abusing them in any way. I understand that if I were to break any law regarding the endangering of the children served through Back2Back, the ministry will cooperate with authorities to the full extent of the law.
- ____
Initial I understand that participation in mission programs offered with Back2Back is based upon a "participation by choice" philosophy. I agree to let one of the B2B staff members know if I feel that a project or activity in which I am involved is beyond my physical capabilities.

Please fill out this portion completely. Please PRINT.

Name of participant: _____

Address: _____

City, State, Zip: _____

Birthdate: _____

Phone number: _____

Email: _____

Participant signature: _____

Parent's signature: _____ **(if participant is under age 18)**

Emergency Contact & telephone: _____

Back2Back Nigeria Skill Assessment Survey

Name _____

Group _____

We use this assessment to plan projects for your group. If you have intermediate or advanced skills (e.i. professional) please let us know how you can use them during your mission trip. Check all that apply.

- Arts and crafts _____
- Bible teaching _____
- Business training _____
- Carpentry _____
- Computers _____
- Concrete _____
- Construction (be specific) _____
- Cooking _____
- Dentistry _____
- Electrical _____
- Health care/medicine/physical therapy _____
- Landscaping _____
- Leadership _____
- Masonry _____
- Mechanic _____
- Music (be specific) _____
- Organization _____
- Painting _____
- Plumbing _____
- Prayer _____
- Repairs _____
- Sewing/fashion _____
- Teaching/tutoring/childcare _____
- Web design _____
- Other _____