

**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

In consideration of the acceptance given the undersigned by **BACK2BACK MINISTRIES, INC.**, for participation in the _____ trip from _____ to _____, the undersigned, for good and valuable consideration heretofore mentioned, the 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 undersigned'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 or event and hereby voluntarily and knowingly assumes those risks and acknowledges that, in releasing and waiving all claims, demands, actions, or causes of action heretofore mentioned, that undersigned does so on behalf of himself or herself, his or her 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, participant does hereby acknowledge his or her 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 for 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.

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

PARTICIPANT'S NAME (Please Print)
18 years or older

PARTICIPANT'S SIGNATURE

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 _____