

# Salem Presbytery

## Medical Mission Trip

### Objectives

- 1: **Medical: Work to assess and treat medical problems, both chronic and acute of the native Indian population.** Work may include medical, dental, pharmacy specific duties for the doctors and nurses. Lay volunteers will provide support assistance.
- 2: **Work, live, worship with fellow Christians/Presbyterians of another culture.**
- 3: **Increase our own churches' involvement and awareness in mission.**
- 4: **Increase our own individual faith journey.**
- 5: \_\_\_\_\_

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## Personal Covenant Form

### Medical Mission Trip

**Understanding that I go not as a tourist, but as a guest of the church in the country visited, I agree to be willing to adjust to the expectations of my host.**

**Therefore, in consideration of other obligations incurred, I hereby agree as follows:**

1. I agree to share my faith in an appropriate Christian manner.
2. I understand that I will be living and working with Christians from another country and culture whose customs, values, work methods, living conditions and worshipping style may be radically different from my own. I agree to respect these differences and refrain from verbally condemning any person or practice that I disagree with.
3. I recognize that the leaders of this work trip have experience living and working in this culture, and I therefore agree to cooperate at all times with the trip leaders concerning our work and life together, including daily assignments, food, lodging, transportation, and staying with the group, as required, from beginning to end. I further understand that failure to cooperate with the trip leaders may result in my being asked to return to the United States ahead of schedule, at my own expense.
4. I agree to abstain from habits that may offend our hosts and to conform to the local customs and behavior patterns while on the journey.
5. I fully realize that I may not have all the comforts of home: soft bed, favorite menus, TV, hot showers, toilet seats, etc.

**With respect to the travel group, I also agree as follows:**

1. I understand that group cooperation is essential to the success of the journey; I hereby agree to be present at all group orientation events prior to the trip unless I receive permission from the group leader, and I will be responsible for obtaining information given at events I must miss.
2. I understand that every group member is expected to share freely from their particular blessings and talents and I hereby agree to participate in these ways as fully as possible.
3. I agree to deal lovingly with all others involved in this experience.

**Printed Name:** \_\_\_\_\_

**Participant's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

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## Personal Medical Information Form

### Medical Mission Trip

Name: \_\_\_\_\_

Medical Insurance Carrier: \_\_\_\_\_

Policy/ID #: \_\_\_\_\_

In Case of Emergency, Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Health Restrictions/Limitations: \_\_\_\_\_

Allergies: \_\_\_\_\_

Special Food or Medicine Needs: \_\_\_\_\_

Are there any other medical issues, which the group leaders should know about?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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## RELEASE OF LIABILITY AND ASSUMPTION OF RISK

It is understood that Salem Presbytery does not provide medical insurance covering injuries of any nature incurred during the mission trip on: \_\_\_\_\_

The undersigned hereby releases Salem Presbytery, its successors, assigns, officers, trustees, advisors, agents and employees from any and all claims, demands and causes of action whatsoever in any way growing out of or resulting from the participation in this trip.

All participants should be covered by their own insurance policies.

\_\_\_\_\_  
Name

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

\_\_\_\_\_  
Signature of Guardian  
(if participant is under 18)

\_\_\_\_\_  
Date Signed