

MISSIONHAITI
M E D I C A L



BUILDING QUALITY HEALTHCARE

Saintard, Haiti + surrounding communities

MissionHaitiMedical.org

Medical Clinic Kit
forms + applications



Please also include a **scanned color copy of the picture page of your passport**. Medical providers should also include a copy of their **current medical license**.

TRIP DATE _____ GROUP NAME _____

NAME _____ DATE OF BIRTH _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

EMAIL _____

PHONE _____ MOBILE _____ FAX _____

AMERICAN AIRLINES ADVANTAGE NUMBER (if applicable) _____

Business ExtrAA Number: 850312

PASSPORT NUMBER _____

CONTACT PERSON IN THE U.S. _____

CONTACT PERSON PHONE _____

BENEFICIARY (for travel insurance) _____

Please list any medications you are taking, allergies, medical or physical problems that we should be aware of:

TRIP FEE

\$600 + COST OF HOTEL and FLIGHT*

**Includes travel expenses, food, airfare, baggage fees and accommodations in Haiti. Price is based on the average expenses of a typical short-term mission trip. On the rare occasion that individual trip costs are below average, any unused portion of the fee will be put into the general fund of MHM to be used for the standard operating costs of the clinic in Saintard. If there is a minor overage in the cost of an individual trip and the fee falls short of covering total expenses of that trip, MHM will cover any minor overage and no added fees for the participant. Major overages, exceeding \$100, will be at the expense of the participant.*

\$100-150 spending money

PAYMENT SCHEDULE

If you book your tickets through American Airlines, please add the following Business ExtrAA number to your flight documents: 850312. This benefits future travel possibilities for Mission Haiti Medical.

\$100

Non-refundable deposit due 6 months prior departure

Remaining Trip Cost

Due 6 weeks prior to departure

Please make checks payable to
Mission Haiti Medical

PLEASE PRINT, FILL OUT, AND MAIL FORM TO
P.O. Box 2252
Anderson, IN 46018

I, the undersigned, desire to participate in travel, volunteer work, mission trips or other activities conducted by or on behalf of Mission Haiti Medical, Inc. (Mission Haiti Medical) and I acknowledge that my participation in any volunteer work or activity conducted by, or for the benefit of Mission Haiti Medical is voluntary. I freely and voluntarily execute this Waiver and Release under the following conditions.

1. Participation. Mission Haiti Medical is a nonprofit corporation with the mission to spread the gospel of Jesus Christ through a healthcare alliance with the people of Haiti. This mission includes, but is not limited to, the aid and assistance in the construction, expansion, and maintenance of the Saint Ard Hopital l'Eglise de Dieu Réformée d'Haiti hospital and related structures; to provide medical assistance and education; and to promote goodwill between nations and participate in cultural and other exchanges.

- a. I represent that I am physically capable of participation in the Mission Haiti Medical programs.
- b. I knowingly agree to conduct myself in a safe and prudent manner and to assume all risks and liability associated with participation in the programs, both known and unknown, including illness, claims, or other damages.

2. Hazards and Risks. I understand there are inherent risks and dangers associated with any type of international travel. Mission Haiti Medical recommends that you utilize the following to keep informed of situations in Haiti.

- U.S. State Department's website: www.state.gov/travelers
- Centers for Disease Control Information website: www.cdc.gov/travel

3. Assumption of Risk. I further understand that any travel, volunteer work, or other activities I undertake in connection with Mission Haiti Medical involves inherent danger and risk to my property, health, and life, including, but not limited to, risks associated with the following causes: loss of property, disease, illness, injury, exposure, physical and mental harm, and death, which may be caused by, among other things, the elements, organisms, environmental conditions, crime, accidents, negligence, and political conflict including civil war, war, and terrorism. I hereby expressly assume the risk of injury or harm in the volunteer activities.

4. Release and Waiver. In consideration for being permitted to participate in Mission Haiti Medical programs, I hereby release and forever discharge Mission Haiti Medical and its directors, agents, assigns, affiliates, volunteers, employees, or any other representatives (collectively referred to as the "Released Parties") from any and all claims, liability, injuries, losses, damages, or costs of any kind or nature that arise from, are caused by, or are related in any way from my activities with Mission Haiti Medical. I understand that this Release and Waiver discharges Mission Haiti Medical from any liability or claim that I may have against Mission Haiti Medical with respect to bodily injury, personal injury, or property damages that may result from my activities with Mission Haiti Medical. I also understand that Mission Haiti Medical does not assume any responsibility for or obligation to provide financial or other assistance, including but not limited to medical, health, auto or disability insurance in the event of injury or loss. In addition, I agree to indemnify, defend, and hold the Released Parties harmless from any loss, liability, damage, or cost which they may incur as a direct or indirect result of my participation in the Programs.

I, the undersigned, desire to participate in travel, volunteer work, mission trips or other activities conducted by or on behalf of Mission Haiti Medical, Inc. (Mission Haiti Medical) and I acknowledge that my participation in any volunteer work or activity conducted by, or for the benefit of Mission Haiti Medical is voluntary. I freely and voluntarily execute this Waiver and Release under the following conditions.

5. Medical Treatment. In an emergency, I give permission to a licensed physician to hospitalize, anesthetize, or perform surgery as needed. I understand that every reasonable effort will be made to contact my emergency contact (listed below) before these actions are taken. I hereby release and forever discharge the Released Parties from any claim, which arises or may arise on account of first aid, treatment or any service rendered in connection with my volunteer activities with Mission Haiti Medical.

6. Insurance. While I understand that Mission Haiti Medical may purchase travel insurance for each volunteer for limited medical and evacuation insurance during their stay, each volunteer is expected and encouraged to obtain his or her own medical, health and disability insurance. Mission Haiti Medical does not assume any responsibility for or obligation to provide financial or other assistance, including but not limited to medical, health, auto or disability insurance in the event of injury or loss.

7. Flexibility. I acknowledge that planned activities of Mission Haiti Medical mission trips may change without prior notice. I agree to be flexible if there are changes to any planned activities.

8. Financial Responsibility. I hereby acknowledge that I am financially responsible for my participation in Mission Haiti Medical programs, including payment of the mission trip fees.

9. Photographic Release. I consent to the unrestricted use in any form of any photographs, interviews, film, videotapes, other visual or auditory recordings, in any other medium, including the Internet, of me or my child that the Released Parties or others may create in connection with my participation in the Mission Haiti Medical programs. I waive any right to inspect or approve the finished product and acknowledge that I am not entitled to any compensation for creation or use of the finished product.

10. Other. I agree that this Release and Waiver is intended to be as broad and inclusive as permitted by laws of Indiana. I agree that in the event that any provision of this release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such provision shall not otherwise affect the remainder of the Release and Waiver, which shall continue to be held enforceable.

THIS WAIVER AND RELEASE SHALL BE EFFECTIVE FROM THE DATE BELOW UNTIL REVOKED BY THE UNDERSIGNED, IN WRITING.

I HAVE READ, UNDERSTAND, AND WILL ABIDE BY EACH OF THE TERMS AND CONDITIONS OF THIS WAIVER AND RELEASE OF LIABILITY. I AM OF LEGAL AGE TO ACCEPT THESE RESPONSIBILITIES OR, IF I AM NOT OF LEGAL AGE, HAVE OBTAINED THE SIGNATURE OF MY PARENT(S) OR LEGAL GUARDIAN(S), WHO BY HIS/HER/THEIR SIGNATURE(S) AGREE TO BE LEGALLY RESPONSIBLE FOR THE OBLIGATIONS DESCRIBED IN THIS WAIVER AND RELEASE OF LIABILITY AND AGREE TO BE BOUND BY ITS TERMS.

Volunteer _____ Date _____

Parent or Legal Guardian _____ Date _____

Witness Name (print) _____ Date _____

Witness Signature _____ Date _____

EMERGENCY CONTACT INFORMATION

Contact Person's Name: _____

Relationship to Volunteer: _____

Contact Phone Number: _____

Secondary Number: _____

Email: _____

I will:

- » Honor Jesus Christ in all I say and do.
- » Bring an attitude of servanthood towards other trip members and to the Haitian people we are there to serve.
- » Maintain an optimistic attitude and refrain from negativism and complaining.
- » Honor and respect the way the Haitians worship and live.
- » Show respect to Mission Haiti Medical's (MHM) methods as they have had a presence in Saintard since 1993. They have a relationship with the community and understand the culture and may do things differently than what I may perceive as normal.
- » Show respect to those who are leading the group and support them in prayer.
- » Take pictures only after asking permission, and only take pictures which are respectful and honor the lives of the Haitian people.
- » Abstain from smoking or use of tobacco products on the trip.
- » Abstain from drinking of alcohol or purchasing of alcohol on the trip.
- » Abstain from the use of inappropriate language and swearing at all times.
- » Abstain from use of illegal drugs or purchase of illegal drugs on the trip. (Infraction of this rule will result in an immediate return to the United States at the trip participant's cost.)
- » Follow the policies relating to children and vulnerable adults (Infraction of these policies may result in an immediate return to the United States at the trip participant's cost, and extreme breaches may result in law enforcement notification and legal action):
 - No child or vulnerable adult is to be taken off-site without prior approval from hospital administrative staff or MHM board member.
 - Whenever possible, two (2) or more MHM volunteers must be present with any child or vulnerable adult.
 - Money or other presents should not be given to any child or vulnerable adult without prior approval from hospital administrative staff or MHM board member.
 - MHM volunteers are not permitted to share a bed with any child or vulnerable adult.
 - Photography and videography of children or vulnerable adults is only permissible with permission from hospital administrative staff/MHM board member, along with the family or caregiver of said child/vulnerable adult.
 - When interacting physically with a child/vulnerable adult, MHM volunteers must exercise appropriate behavior that should not appear sexual in any way.
 - MHM volunteers must not exert inappropriate physical force when dealing with children/vulnerable adults, including pushing, shoving, slapping, or other actions that could cause fear, intimidation, or distress.
 - If any of the above is observed by another person, the observer must immediately report it to at least two (2) MHM leaders.

Printed Name _____

Signature _____ Date _____

My signature means I agree to follow the above.

TIME PRIOR TO LEAVING	PREPARATION
7 MONTHS	Get first Hepatitis A and B shot (Hepatitis B is a three series shot: at 0, 1, and 6 months; Hepatitis A is a two series shot: at 0 and 6-12 months [for adults]. At least the first Hep A and the first 2 Hep B shots should be done at least 2 weeks before the trip; check typhoid and tetanus vaccine statuses with your physician.
6 MONTHS	Get 2nd Hepatitis B shot
6 MONTHS	\$100 (minimum) deposit due for trip fee.
6 MONTHS	Apply for passport (if needed).
6 WEEKS	Balance due for trip fee.
1 MONTH	Get 2nd Hepatitis A shot, get 3rd Hepatitis B shot, get tetanus booster (if needed-check with your physician)