

**Grace and Peace  
Missionary Fellowship  
Mission in the Dominican Republic  
2010-2011 Missions Manual**



**It is necessary to contact G & P before any material donations  
are sent to this address for customs purposes.**

William and Karen Rumble  
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**Website:**

[www.gracepeacemission.com](http://www.gracepeacemission.com)

**Phone in the D.R.:**

829-766-8595

829-637-9431

**Support/Ground Cover address:**

**Grace and Peace Missionary Fellowship  
2055 Pleasant Valley Rd.  
Niles, Ohio 44446**

**Stateside Phone:**

**330-448-8234**

**Administrator: Linda Simmer**

## **BOARD OF DIRECTORS**

Grace and Peace is financially accountable to a board of directors and is governed by procedural and communication requirements. Their Board of Directors consists of:

Mr. Ed Bone, Chairman of the Board  
Quality Control Manager—Ohio Star Corporation  
6778 Fox Hunt Court  
Youngstown, Ohio 44515  
330-793-4363

Mr. Gino DeChristofaro, RN  
St. Elizabeth's Medical Center  
252 Powers Avenue  
Girard, Ohio 44420  
330-545-5853

Dr. Adel Youssef (Advisory Board)  
Gastroenterologist  
1622 E. Market St.  
Warren, Ohio 44483  
330-399-7215

Ms. Marge Fabich  
Director of Social Service Area  
Trumbull Cty. Board of Mental Retardation and Developmental Disabilities  
3455 White Beach Lane  
Youngstown, Ohio 44515  
330-793-1606

William and Karen Rumble  
Missions Directors, Dominican Republic  
Stateside: 158 Brook Drive  
Brookfield, Ohio 44403  
330-448-8234

## STATEMENT OF FAITH

We Believe:

...in the Scripture as the inspired, infallible Word of God. We accept the Bible as our infallible guide.

...in one Eternal God—manifested in three persons; God the Father, God the Son and The Holy Spirit.

...in Jesus Christ as King of Kings and Lord of Lords. We believe in His deity; His virgin birth; His sinless life; His miracles; His atoning death; His bodily resurrection; His ascension to God's right hand; and His second return.

...in the fall and sinfulness of man and his need of reconciliation to God through and by the death of Christ and His shed blood.

...in eternal life and new birth.

...in the ordinance of the Lord's supper for the remembrance of the death of Jesus Christ until He comes again.

...in the sanctification of the believer. The Bible teaches that without Holiness, no man can see the Lord. We believe in the doctrine of sanctification as a finite; yet progressive work of grace, commencing at the time of regeneration and continuing until the consummation of salvation.

...in the reality of Satan, the adversary of man. We believe he has been conquered by the blood of our Lord and Savior, Jesus Christ and will be cast into the lake of fire at the end of time.

...in the resurrection of the saved to everlasting life in Heaven with God and in the judgment of the lost to everlasting life, separated from God in a literal lake of fire.

....in the spiritual unity of believers in Christ.

## INTRODUCTION

Grace and Peace Missionary Fellowship was founded in 1985 when Bill Rumble began taking short-term missions trips to Haiti. Bill traveled back and forth to Haiti from 1985 until 1996. In 1998, the Rumble family went to the Dominican Republic (The DR shares the Island of Hispaniola with Haiti) to see what the needs were. In July of 1999, the Rumbles were called into full-time missionary work to the Dominican Republic and began preparations to move to the mission field. On January 27, 2000, Bill moved his family to a community called Barahona in the Dominican Republic to develop a Ministry Center.

### **PRESENT PROGRAMS AND GOALS:**

**CHILDREN'S EDUCATION PROGRAM:** Presently the first two rooms of the schoolhouse are complete. In this facility, there are 50 children enrolled. They come every Monday, Wednesday and Saturday, and we are teaching them proper hygiene, the Word of God along with nurturing them in positive social behavior. In 2008, a Ministry Center/Church in Batey Altagracia (Haitian Village) opened to duplicate this program with 90 children enrolled there. **WATER PROJECT:** In the past 11 years, we delivered around 9 million gallons of water. Presently, we deliver water whenever needed as the Dominican Government finished a large aqueduct project and now provides water to the poor. **MEDICAL CLINIC PROJECT:** G&P conducts free medical clinics treating as many as 500 people in one given area. We also have a Pediatric Diabetes Program, Prenatal Program and are developing Pulmonologist Awareness Programs in the local churches. American doctors and dentists volunteer for short-term missions trips to help treat the people in special clinics for one to two weeks at a time. **WIDOW MINISTRY:** We take care of 62 widows. Each widow is supported at \$40 per month which provides food each day, medical care and clothing. **EVANGELISM:** We evangelize by passing out tracts, preaching at different churches within our community and also by holding street meetings. We opened our first church in Batey Altagracia, a Haitian Village located here in the DR in April of 2008. **FARMING PROJECT—** Purchase of a 34-acre farm was started in March of 2004 and was complete in October of 2004. Then in February of 2005, we purchased an additional 11 acres. This farm will provide food for the Children's Education Program, Widow Program, special Medical Clinic situations and for Pastors. **THE BUILDING PROJECT:** We encourage teams to come and help with several on-going building projects, i.e., churches, cisterns, etc.

## **THE VISION OF GRACE AND PEACE**

To host medical and dental teams who will donate 1-2 weeks of their time to conduct specialized clinics in Barahona and surrounding areas. To have special programs set up in area churches that will reach the children with diabetes, the pregnant mothers as well as asthmatics.

We provide one meal of protein per day, three days a week in our present Children's Bible/Feeding Program along with teaching them the Word of God before each meal. We would like to have this program duplicated in 2 other villages besides the present location at the Ministry Center and our church in Batey Altagracia.

To grow what food is necessary for our children's program, widow program and for special circumstances in the medical clinic on the farm we own. This farm will allow us to be more self-sufficient.

In the Widow Program, we would like to help at least 100 widows. Presently there are 62 widows supported at \$40 per month.

To continue holding regular Evangelistic Campaigns to minister the Word of God. Presently we hold small street meetings in various locations. From these meetings, many churches will be planted. We also nurture and disciple as many of those who make commitments for the Lord, as possible.

Grace and Peace finished construction of their 1st Ministry Center where church services are held as well as educational classes and special medical clinics. Our goal is to build as many ministry centers/churches as needed accordingly.

Our vision also includes housing as many short-term mission teams, missionary interns, doctors, dentists and their families as possible. A trip to any mission field positively impacts the life of each mission member.

## FINANCIAL MATTERS

The cost of your short-term missions trip will be set by your Team Leader and will include current airfare rates, ground cover (ministry expenses, room and board, in-country travel, etc.) and project donations (for work teams). **FOR TEAM LEADERS ONLY**—Grace and Peace asks all Team Leaders to deposit half of ground cover as well as work project monies 30 days before your group is scheduled to arrive with the balance due 14 days before your arrival. See Page 1 for our mailing address and make all checks payable to: Grace and Peace Missionary Fellowship. All team member cancellations must be made 14 days prior to your arrival date or no refunds will be given. **OTHER COSTS TO CONSIDER: Dominican Republic entry tax upon arrival—\$10 per person. GROUND COVER: (ROOM AND BOARD PLUS TRANSPORTATION)** \$450 per person for an 8-day trip, i.e., Saturday to Saturday, etc. Please contact Karen via email at [gracepeacemissn@aol.com](mailto:gracepeacemissn@aol.com) for correct amount of ground cover if your trip is less than or more than 8 days.

### **EXCLUDED FROM GROUND COVER:**

- 1. Your arrival flight should land in Santo Domingo, DR, before 3:00 p.m. Your departure flight cannot leave Santo Domingo before 1:00 p.m.**
- 2. All food & drinks (coke) outside the Mission House PLUS \$15 per person to eat fish at the beach one day.**
- 3. Additional monies may be raised for a work team's work project.**
- 4. Evangelism teams need to bring at least 50 tracts and 10 bibles per person on the team to give to those accepting Christ during their time here.**
- 5. Medical/dental teams need to bring enough medicines or arrange with Karen to purchase medicines in the DR for their special medical clinic.**

**If all short-term mission team members, including work teams, evangelism teams as well as medical/dental teams, would please consider bringing a few of these items, we would be greatly blessed. You can feel free to purchase them at the Dollar Store, too, as they have many great quality products: Children's Chewable Vitamins, 81 mg. Aspirin, Ibuprofen, Adult Multi-vitamins, Generic welcomed.**

## **VERY IMPORTANT INFORMATION**

**It is a requirement of Grace and Peace Missionary Fellowship that all Interns and Short-term Missions Teams Members have Medical Insurance for your trip.**

**If you do not have Medical Insurance, please go to this site and purchase insurance for your trip. You will not be permitted to come without Medical Insurance and this site offers it at a very affordable price.**

**[www.globaltravelshield.com](http://www.globaltravelshield.com)**

## **CODE OF CONDUCT**

No team member can leave the team or main group unless the Team Leader is notified and in agreement. Grace and Peace Missionary Fellowship's property or any property that doesn't belong to you personally must be treated with care and respect at all times. If you break something accidentally, please notify Bill or Karen. If you do not notify us, you will be required to pay for it, as we will eventually know what happened. All meetings are mandatory.

Attn: Women and young ladies, proper attire for the beach is a 1-piece swimming suit. If you do not want to buy one, you will have to wear shorts that fall mid-thigh and a dark colored wide-strapped tank top. Under no circumstances are 2-piece bathing suits allowed. If you have a tankini and the top does not meet the bottom, you will not be permitted to wear it. If your mid section shows at all, you will not be permitted to join the group at the beach. No exceptions. Attn: Men and young men, proper attire for the beach as well as your daily dress is that your shorts are never permitted to show your undergarments. If you go to the beach without proper attire and your undergarments show, you will not be permitted to swim. Daily attire: If your shorts fall down to where your undergarments show, you will not be permitted to minister with the team. No exceptions.

The possession and use of alcohol, firearms, fireworks, tobacco, illegal drugs or pornography is prohibited at all times. Such items will be confiscated and the owner sent home.

Except for medical personnel, all participants are expected to dress appropriately for Dominican culture. Never forget: We are representatives of Christ. Except during construction work or at the Ministry Center, ladies need to wear skirts or a long dress whose hem falls at or below the knee.

Comfortable modest dress, shorts, sundresses, pants, etc., for ladies at the Ministry Center ONLY is fine. When traveling to and from the Dominican Republic, comfortable modest attire is appropriate. Ladies arriving in conservatively designed pants is no problem.

## **YOUR SHORT-TERM MISSIONS TRIP**

The most important part of your trip here is that you have opened yourself up to an opportunity to grow spiritually by dedicating your time to serve God. Here at Grace & Peace, we appreciate that you have come to help the Mission complete a project, participate in the regular day-to-day ministry programs, conduct a medical clinic or to evangelize.

While on your missions trip here, we ask that you adhere to the schedule provided, participate in team activities, and also work to serve others. As part of a mission's team, you will need to be flexible to accept the disappointments as well as the joys. If things get off course, look for God's hand rather than reasons to complain. There are many things here in the Dominican Republic that take a whole day to accomplish that might be accomplished in one hour in America.

It may take flexibility and a lot of grace, but always model cooperation, servanthood and love in relationships with teammates, team leaders and The Mission in general.

Please remember: While you are here, be cautious about how much fresh fruits and juices you consume. You can eat and drink to your heart's content, but if this is not how you normally eat in America, it may become a problem for you here mixed with the heat. We need you to stay healthy!!!

Please let us know if you need anything.

Bill and Karen Rumble

## PACKING FOR YOUR TRIP

PLEASE bring luggage you don't mind damaging and pack light.

NECESSARY ITEMS FOR YOUR TRIP:

Personal Medical Kit (Bandages, aspirin, insect repellent, calamine lotion, antibiotic ointment, meds for diarrhea, sunscreen), Antibacterial gel.  
Aloe Gel

**One roll of toilet tissue per person**

Documents: passport, airplane tickets

Comfortable shoes (Do not attempt to break in new shoes in the D.R.)

Personal Toiletries (Plus towels and washcloths)

Bible, Camera

Snacks in Ziplocs at all time or you may be inviting unintentional guests!

Water bottle - IMPORTANT—(Refillable plastic kind)

Journal, Money Belt and Important phone numbers

**Ladies:** Dresses, skirts, short-sleeved shirts. No skinny-strapped tank tops at any ministry function as it is offensive to their culture. Sleeveless tops are okay at ministry functions. Also, sleeveless tops and modest shorts are fine at the Ministry Center. No short shorts at anytime. 1-piece bathing suits must be worn to the beach. If you do not comply with this, you will not be permitted to go. **Men:** Light slacks and shorts. **Medical personnel:** Medical clothing. **Work Teams:** Work clothes, work boots and gloves. **DO NOT BRING** prized possessions on your mission's trip. **LAUNDRY FACILITIES ARE NOT PROVIDED EXCEPT IN AN EMERGENCY SITUATION.** Many times prospective team members email G & P asking if they can bring anything extra for the mission house. Here is a list of additional hard-to-get items that would greatly bless us:

**Duracell Batteries AA and D (Duracell is the only brand that does not burst)**

**30-33 Gallon Garbage Bags**

**Copy paper**

**Children's Underwear – Boys and Girls – Ages 6-16**

**Tennis Shoes – gentle worn or new, children's or adults**

**Toilet Tissue**

**Dish Towels (DARK COLORS ONLY)**

**Splenda (Sugar Substitute) or Nevella Brand Sweetener (Dollar General Store)**

**Protein Bars or Protein powder for Widows and children**

**School Supplies: notebooks, pencils, pens, markers, colored pencils, erasers**

## **SAMPLE SCHEDULE**

When you are scheduled on the clean-up crew, please be sensitive in adhering to that schedule so no undue pressure is added to the other team members. Also, at the end of each day, there will be a 30 minute devotional time. Here is a sample schedule:

7:00 am: Breakfast will be served.

7:30 am: Short Devotional. (15-30 minutes). Please come to devotions prepared to start your day. A short period of time (5-10 minutes) will be allowed before we board the bus to tie up any loose ends in preparing for your service.

8:00 am: Prepare to board the bus. Team members participating in construction will be directed by Bill where they are needed. All other team members will work with Karen in preparation for that days ministry programs. Evangelism Teams will be instructed as to where they will be witnessing that day.

12:30 Noon: Lunch is served. Clean-up crew.

2:00 pm: Work resumes. Evangelism resumes.

6:30 pm: Supper is served. Clean-up crew.

Evenings are left open for short periods of site seeing or fellowship at the mission house.

Evening devotional time will be announced by the Team Leader.

## **SAMPLE MENU**

### **LUNES: MONDAY**

Chuleta al Horneado (Baked Pork chops)

Arroz Blanco (White Rice)

Habichuela (Beans)

Ensalada: Lechuga, cebolla, zanahoria, ahi y salsa (Mixed Salad)

Jugo (Juice)

### **MARTES: TUESDAY**

Pollo al Horneado (Baked Chicken)

Arroz Blanco (White Rice)

Habichuela (Beans)

Ensalada: zanahoria, los huevos, papá y cebolla (Salad: Carrots, potatoes, onions and eggs)

Jugo (Juice)

### **MIERCOLES: WEDNESDAY**

Arroz Especial con Pollo (Special Chicken & Rice)

Ensalada: Lechuga, cebolla, zanahoria, ahi y salsa (Mixed Salad)

Jugo (Juice)

### **JUEVES: THURSDAY**

Vaca Filet y salsa Americano (Filet of Beef in Stroganoff Sauce)

Moro Habichuela y coco (Coconut Rice mixed with Beans)

Ensalada: Lechuga, cebollo, zanahoria, ahi y salsa (Mixed Salad)

Jugo (Juice)

### **VIERNES: FRIDAY**

Albondigas Guisado (Meatballs in Salsa)

Arroz Blanco (White Rice)

Ensalada: Zanahoria, papa, cebolla y huevos (Salad: Carrots, potatoes, onions and eggs)

Jugo (Juice)

## Consent for Medical Treatment and Release from Liability

1. Missionary's Name: \_\_\_\_\_  
Birth Date: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_
  
2. Whereas, I, \_\_\_\_\_, wish to travel to the **Dominican Republic** and whereas, certain circumstances may occur resulting in my need for medical and/or dental care treatment: THEREFORE,
  
3. I, \_\_\_\_\_, being of legal age, authorize Grace and Peace Missionary Fellowship, Inc., or any of their representatives, to act on my behalf should I be unable to do so, and to consent to all medical and/or dental care treatment, including but not limited to diagnostic test, x-ray examination, anesthesia, surgery, or other procedures which Grace and Peace Missionary Fellowship, Inc. or any of their representatives, deem necessary for my medical well-being for the duration of the trip. This consent is given in advance of any specific diagnosis, treatment, surgery, or hospital care required and to the administration of any other over the counter medications including but not limited to Tylenol, Advil, allergy medications, and is given to provide authorization and specific consent or medical and/or dental treatment and care on my behalf.
  
4. I hereby release Grace and Peace Missionary Fellowship, Inc. or any of their representatives, of any and all damages, liability or costs resulting from the authorizing of medical treatment on my behalf under the terms of this consent. I further hold these parties harmless and agree to indemnify them for any and all costs, damages, or expenses incurred by Grace and Peace Missionary Fellowship, Inc., or any of their representatives, as a result of any claim or action filed by any party alleging damages incurred as a result of any medical treatment provided or authorization for treatment provided. I understand that this release and indemnification releases treatment for the conduct of Grace and Peace Missionary Fellowship, Inc., or any of their representatives, even if such conduct is negligent.
  
5. I further authorize Grace and Peace Missionary Fellowship, Inc., or any of their representatives, to release any and all other medical information or records necessary to any party deemed necessary by Grace and Peace Missionary Fellowship, Inc., or any of their representatives.
  
6. I am aware that serious illness or injury may occur on a mission trip and that such illness and injury may result in my incurring costs, expenses, and damages for which I am solely responsible including, but not limited to my return by air ambulance at a cost of \$10,000.00 or more. I agree that: I am aware that serious illness requiring return by air ambulance could cost more than \$10,000.00. I agree that I am solely responsible for any expenses that may arise from my return by air ambulance or other extraordinary means.
  
7. I hereby release and hold harmless Grace and Peace Missionary Fellowship, Inc., or any of their representatives, from all liability for personal injury, including death as well as property damage or loss arising out of my participation in this trip. I have read and understand the above information. The information I have given Grace and Peace Missionary Fellowship, Inc., or any of their representatives, is accurate and true to the best of my knowledge.

8. I certify I have personal health insurance, including foreign countries, with no territorial limitation, for providing of medical services to myself which will provide coverage for the duration of the said trip. I understand that Grace and Peace Missionary Fellowship, Inc., or any of their representatives, provides no health insurance plan for me.

\_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Insurance Company Insurance Company Phone Number

\_\_\_\_\_ \_\_\_\_\_  
Policyholder's Name Policy Number

**Mother/Guardian's Information:**

Name: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_ Work Phone # (\_\_\_\_) \_\_\_\_\_  
City: \_\_\_\_\_ State or Province: \_\_\_\_\_ Zip: \_\_\_\_\_

**Father/Guardian's Information (if different)**

Name: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_ Work Phone # (\_\_\_\_) \_\_\_\_\_  
City: \_\_\_\_\_ State or Province: \_\_\_\_\_ Zip: \_\_\_\_\_

**In case of emergency where parents cannot be reached, contact:**

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_ Work Phone # (\_\_\_\_) \_\_\_\_\_  
City: \_\_\_\_\_ State or Province: \_\_\_\_\_ Zip: \_\_\_\_\_

**\*Remember to include a copy of the insurance card!\***

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Dates of trip

**Signature:** \_\_\_\_\_

State of \_\_\_\_\_, County of \_\_\_\_\_.

*(The notary fills out this section)* Before me, the undersigned, a Notary Public in and for said county and state on \_\_\_\_\_, 200\_\_, personally appeared the identical person who executed the within and foregoing instrument and acknowledged to me that he/she executed the same as his/her free voluntary act and deed for the uses and purposes therein set forth and given under my hand and seal of office the day and year above written.

\_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_/\_\_\_\_/\_\_\_\_

NOTARY STAMP

# Travel Release Form

## Accountability Agreement

The rules and regulations of Grace and Peace Missionary Fellowship, Inc. or any of their representatives, are expressly designed to ensure the safety and well being of my child and to maintain the high degree of Christian integrity required to minister effectively in a cross-cultural setting. Enforcement shall occur in a manner, which Grace and Peace Missionary Fellowship, Inc., or any of their representatives, feels is in accordance with Christian principles and the stated purpose of this trip.

My signature insures that all information on these forms in completely true and has not been altered in any way.

- As applicable, if you are in the legal custody of both parents, then both parents' signatures are required.
- If you are in the legal custody of one parent, the signature of the one who has legal custody is required, and a copy of a legal document evidencing the custody agreement. We apologize for any inconvenience.

\_\_\_\_\_  
**Father's signature (If applicant is under 18 years of age)** Date: \_\_\_\_\_

\_\_\_\_\_  
**Mother's signature (If the applicant is under 18 years of age)** Date: \_\_\_\_\_

\_\_\_\_\_  
**Guardian's signature (If the applicant is under 18 years of age)** Date: \_\_\_\_\_

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

State of \_\_\_\_\_, County of \_\_\_\_\_.

*(The notary fills out this section)* Before me, the undersigned, a Notary Public in and for said county and state on \_\_\_\_\_, 200\_\_, personally appeared the identical person who executed the within and foregoing instrument and acknowledged to me that he/she executed the same as his/her free voluntary act and deed for the uses and purposes therein set forth and given under my hand and seal of office the day and year above written.

\_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_/\_\_\_\_/\_\_\_\_

NOTARY STAMP

## Consent for Medical Treatment

9. Missionary's Name: \_\_\_\_\_  
Birth Date: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_
10. Whereas, my child \_\_\_\_\_, wishes to travel to the **Dominican Republic** and whereas, certain circumstances may occur resulting in my child's need for medical and/or dental care treatment and further resulting in my inability to personally give consent for such care and treatment: THEREFORE, In consideration of my permission for my child to participate in said travel,
11. I, \_\_\_\_\_, being of legal age, authorize a representative of Grace and Peace Missionary Fellowship, Inc., or any of their representatives, to act on my child's behalf should I be unable to do so, and to consent to all medical and/or dental care treatment, including but not limited to diagnostic test, x-ray examination, anesthesia, surgery, or other procedures which Grace and Peace Missionary Fellowship, Inc., or any of their representatives, deems necessary for my child's medical well-being for the duration of the trip. This consent is given in advance of any specific diagnosis, treatment, surgery, or hospital care required and to the administration of any other over the counter medications including but not limited to Tylenol, Advil, allergy medications, and is given to provide authorization and specific consent or medical and/or dental treatment and care in my child's behalf. Any consent by Grace and Peace Missionary Fellowship, Inc., \_\_\_\_\_ or any of their representatives, shall have the same force and effect as if I had personally given the consent.
12. I hereby release Grace and Peace Missionary Fellowship, Inc., or any of their representatives, of any and all damages, liability or costs resulting from the authorizing of medical treatment on my child's behalf under the terms of this consent. I further hold Grace and Peace Missionary Fellowship, Inc., or any of their representatives, harmless and agree to indemnify Grace and Peace Missionary Fellowship, Inc., or any of their representatives, for any and all costs, damages, or expenses incurred by them as a result of any claim or action filed by any party alleging damages incurred as a result of any medical treatment provided or authorization for treatment provided. I understand that this release and indemnification releases treatment for the conduct of Grace and Peace Missionary Fellowship, Inc., or any of their representatives, even if such conduct is negligent.
13. I further authorize for my child that Grace and Peace Missionary Fellowship, Inc., or any of their representatives, to release any and all other medical information or records necessary to any party deemed necessary by them, and assigns for the providing of medical treatment to my child in such group.
14. I am aware that serious illness or injury may occur on a mission trip and that such illness and injury may result in my child incurring costs, expenses, and damages for which I am solely responsible including, but not limited to return of my child by air ambulance at a cost of \$10,000.00 or more. I agree that: I am aware that serious illness requiring return by air ambulance could cost more than \$10,000.00. I agree that I am solely responsible for any expenses that may arise from my child's return by air ambulance or other extraordinary means.
15. I hereby release and hold harmless Grace and Peace Missionary Fellowship, Inc., or any of their representatives, from all liability for personal injury, including death as well as property damage or loss arising out of my child's participation in this trip. I have read and understand the above information. The information I have given Grace and Peace Missionary Fellowship, Inc., or any of their representatives, is accurate and true to the best of my knowledge.

16. I certify I have personal health insurance, including foreign countries, with no territorial limitation, for providing of medical services to my child which will provide coverage for my child during the duration of the said trip. I understand that Grace and Peace Missionary Fellowship, Inc. or any of their representatives provide no health insurance plan for my child.

\_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Insurance Company Insurance Company Phone Number

\_\_\_\_\_ \_\_\_\_\_  
Policyholder's Name Policy Number

**Mother/Guardian's Information:**

Name: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_ Work Phone # (\_\_\_\_) \_\_\_\_\_  
City: \_\_\_\_\_ State or Province: \_\_\_\_\_ Zip: \_\_\_\_\_

**Father/Guardian's Information (if different)**

Name: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_ Work Phone # (\_\_\_\_) \_\_\_\_\_  
City: \_\_\_\_\_ State or Province: \_\_\_\_\_ Zip: \_\_\_\_\_

**In case of emergency where parents cannot be reached, contact:**

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_ Work Phone # (\_\_\_\_) \_\_\_\_\_  
City: \_\_\_\_\_ State or Province: \_\_\_\_\_ Zip: \_\_\_\_\_

**\*Remember to include a copy of the insurance card!\***

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Dates of trip

## **Consent for Medical Treatment & Travel Release Forms**

*These forms are **REQUIRED** for participation on your mission trip!*

These ***Consent for Medical Treatment*** and ***Travel Release*** forms are **extremely vital** items for you as a participant on any mission trip. Please use these forms in case of medical treatment/concerns and for accountability to the discipline agreement. Follow these 4 steps to complete the required forms.

**Step 1:** Health Insurance and Consent for Medical Treatment Form

A copy of an insurance card **must** be provided.

***Without Medical insurance covering international travel, you will not be able to participate in a mission trip.***

**Step 2:** Medical History and Checklist

**Step 3:** Honor Code and Discipline Agreement

- Parent/Guardian signatures required *if* applicant is under 18

**Step 4:** Notarization

Parents/Guardians (if applicant is under 18) and participant must sign this form ***in the presence of a Notary Public***

Note to Parents/Guardians as applicable: All those with legal custody of the participant must sign this form in the presence of a Notary. If the participant is in the legal custody of both parents, then BOTH parents' signatures are ***required.***

**Medical History**

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

**Please complete the following questions:**

Childhood Immunizations (These **MUST** be up-to-date, please do not leave blank)

Yes	No	Type	Year Administered
___	___	Mumps/Measles/Rubella	_____
___	___	Diphtheria/ Pertussis/ Tetanus	_____
___	___	Polio	_____
___	___	Tetanus (within 10 yr.)	_____
___	___	Other	_____

**I, \_\_\_\_\_, agree** that it will be my sole responsibility to obtain information on travel immunizations required/recommended and travel precautions for the area. I realize that immunizations must be completed 4-6 weeks prior to travel.

- Are you currently taking any prescribed medication? Yes \_\_\_ No \_\_\_  
If yes, please specify the medication and the dosage: \_\_\_\_\_
- Are you currently taking any non-prescription drugs on a regular basis: such as antihistamines or sleeping aids? Yes \_\_\_ No \_\_\_  
If yes, please specify: \_\_\_\_\_
- Are you allergic to any medications/foods? Yes \_\_\_ No \_\_\_  
If yes, specify which medications/foods: \_\_\_\_\_
- Have you ever received treatment or counseling for alcohol or chemical abuse?  
Yes \_\_\_ No \_\_\_  
If yes, specify when and where: \_\_\_\_\_
- Are you presently under a physician's care for any illness?  
Yes \_\_\_ No \_\_\_  
If yes, please explain: \_\_\_\_\_
- What was the date and who was the physician of your last physical exam? \_\_\_\_\_
- Are you a vegetarian? \_\_\_\_\_  
If yes, how long? \_\_\_\_\_ What are your limitations based on health requirements, not preferences? \_\_\_\_\_  
(Note to vegetarians: You may need to eat meat as part of cultural sensitivity!)

List any surgical operations or hospitalizations you have undergone that could have bearing on your health or medical treatment:

1. Operation, Illness \_\_\_\_\_  
Reason: \_\_\_\_\_ Date: \_\_\_\_\_  
Name and address of hospital: \_\_\_\_\_  
Name of physician: \_\_\_\_\_  
Remaining effects: \_\_\_\_\_
  
2. Operation, Illness \_\_\_\_\_  
Reason: \_\_\_\_\_ Date: \_\_\_\_\_  
Name and address of hospital: \_\_\_\_\_  
Name of physician: \_\_\_\_\_  
Remaining effects: \_\_\_\_\_
  
3. Please provide any details pertaining to your health not covered by the above questions:  
\_\_\_\_\_  
\_\_\_\_\_

## Medical Checklist

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

All questions **MUST** be answered. Have you ever been treated by a doctor for any of the following? (Every item must be checked)

YES	NO		YES	NO	
___	___	Asthma or Chronic Wheezing	___	___	Mental Health Counseling
___	___	Any other respiratory problems	___	___	Fainting spells
___	___	Cysts or tumors of any kind	___	___	Convulsions, Epilepsy or seizures
___	___	Chronic persistent cough	___	___	Parkinson's Disease
___	___	Skin Disorder other than acne	___	___	Anemia or any blood disorder
___	___	Goiter	___	___	Serious bodily injury
___	___	Diabetes or Hypoglycemia	___	___	Thyroid Ailment
___	___	Circulatory trouble	___	___	Severe allergic reactions
___	___	Hearing or vision impairment	___	___	Cancer
___	___	Any other disease, disability or	___	___	AIDS virus or HIV
___	___	Deformity not listed above	___	___	Persistent, recurring indigestion,
___	___	Intestinal or bowel problems	___	___	stomach or duodenal ulcers
___	___	Kidney problems	___	___	High or low metabolism
___	___	Tuberculosis	___	___	Gallbladder stones or colic
___	___	Rheumatism, arthritis, painful	___	___	Any other disease or disability not
___	___	Swollen joints	___	___	listed above.
___	___	Chronic back pain, injury,	___	___	Heart Condition of any kind
___	___	Surgery			
___	___	Severe knee problems			
___	___	High blood pressure/			
___	___	Any cardiac problems			

Grace and Peace

Missionary Fellowship would like to thank you for donating your time, talent and finances to further the Kingdom here in the Dominican Republic. The mission the Lord has placed before us couldn't be accomplished without you!