MISSION CLINICS
INTERNATIONAL

TRAVEL INFORMATION PACKET

115 South Campbell Road
Royal Oak, MI 48067
p: 248.246.7248
www.missionclinics.org
Under the oversight of the Royal Oak Church of Christ

MISSION TRIP CHECKLIST

Welcome to Mission Clinics International! We are delighted that you are interested to join us in work for God's kingdom! Please read the information in this packet carefully as it will help you to prepare for the trip.

Please complete and submit online the following documents:

❏ 1. Trip Application
❏ 2. Trip Payment Authorization Form: Full trip payment to MCI is due 15 days prior to trip departure.
❏ 3. Personal Travel Itinerary Form
❏ 4. Health Form
❏ 5. Parental Consent Form – complete and return only if applicable
❏ 6. Traveler Code of Conduct Form

OTHER ITEMS REQUIRING YOUR ATTENTION:
❏ International Travel: YOU MUST HAVE A PASSPORT TO ENTER PANAMA.
❏ Panama Travel Suggestions
❏ Sample Support Letter: For assistance in raising funds for your trip, if desired.
❏ Love in your heart

TRIP APPLICATION

PERSONAL INFORMATION

NAME (AS IT APPEARS ON YOUR PASSPORT): _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME PHONE: _____ CELL: _____ WORK: _____

EMAIL ADDRESS: _____

DATE OF BIRTH: _____ CITIZENSHIP: _____ COUNTRY OF BIRTH: _____

OCCUPATION: _____

HOME CHURCH: _____

Children less than high school age must be accompanied by a parent. They must be closely supervised and must cooperate with group activities.

❏ MALE ❏ FEMALE

T-SHIRT SIZE: ❏ S ❏ M ❏ L ❏ XL ❏ XXL ❏ XXXL

MARITAL STATUS: ❏ SINGLE ❏ MARRIED SPOUSE'S NAME: _____

ROOMMATE PREFERENCE: _____

SPANISH FLUENT?
❏ YES ❏ NO

MISSION TRIP WORK INTEREST:

❏ EVANGELISM – Bible studies, classes, sermons ❏ MEDICAL/DENTAL– General medical and dental clinic
❏ CHILDRENS' MINISTRY – Vacation Bible school format, working in public schools
❏ CONSTRUCTION – Building towards the clinic project ❏ CLOTHING –Distribution

PASSPORT INFORMATION

PASSPORT NUMBER: _____

EXPIRATION DATE (PASSPORT MUST BE VALID AT LEAST 6 MONTHS AFTER YOUR RETURN DATE FROM THE TRIP): _____

PLACE OF ISSUE: _____

CITIZENSHIP: _____

If you need a visa to enter Panama, please contact the Embassy of Panama in Washington, D.C. three to four months prior to your trip. United States citizens do not require a visa to enter Panama.

EMERGENCY CONTACT INFORMATION

NAME: _____ RELATIONSHIP TO YOU: _____

ADDRESS: _____ PHONE:_____ ALT. PHONE:_____

EMAIL ADDRESS: _____

What do you expect from God on this trip?

_____

_____

TRIP PAYMENT AUTHORIZATION FORM

TRIP COST: $700 paid to Mission Clinics International PLUS airfare.

PAID IN FULL

❏ I paid in full upon initial trip sign-up.

BALANCE DUE

❏ I will mail a personal check or money order, payable to Mission Clinics International, to arrive 15 days prior to the trip.

❏ I will pay my balance by credit card on the MCI website www.missionclinics.org. If paying by credit card please add $20 to payments of $500 or more to cover the credit card processing fee. You can make a payment on the website as a donation.

For any questions regarding payment or to pay by telephone with your credit card, please call the mission office at 248-246-7248.

_____	_____	_____
Traveler Signature	Date	Name

PERSONAL TRAVEL ITINERARY FORM

AIRLINE RESERVATIONS

☐ I would like Mission Clinics International to handle my airline arrangements. I will contact the MCI flight coordinator for assistance at 248-246-7248.

☐ I will make my own travel arrangements and forward the air itinerary by phone or by e-mail to Mission Clinics International at 248-246-7248 or office@missionclinics.org as soon as arrangements are confirmed. *

*If making your own flight arrangements, you must arrive at Panama City **the evening of the listed start date of the trip and depart the listed end date of the trip**. If your itinerary needs to deviate from these dates please contact the MCI office **prior to making your reservations.** Ground transportation availability with the group is limited outside of the trip dates.

☐ I have confirmed my air arrangements. This is my itinerary (please use airport and airline abbreviations):

Arrive:

Departure Airport	Arrival Airport	Airline	Flight #	Date	Departure Time	Arrival Time

(For layovers, if necessary)

Arrive:

Departure Airport	Arrival Airport	Airline	Flight #	Date	Departure Time	Arrival Time

Depart:

Departure Airport	Arrival Airport	Airline	Flight #	Date	Departure Time	Arrival Time

(For layovers, if necessary)

Depart:

Departure Airport	Arrival Airport	Airline	Flight #	Date	Departure Time	Arrival Time

HOTEL AND TRANSPORTATION

Hotel and transportation will be arranged by MCI for the group and is covered by the travel fee.

HEALTH FORM

MEDICAL CONSIDERATIONS

Each traveler must complete this confidential Health Information Form. It is the traveler's responsibility to advise us of any changes to the information in this form that might impact his or her participation in this mission. Mission Clinics International reserves the right to refuse participation in the mission trip to anyone if it decides that an individual's physical, mental or other condition creates a risk to that individual or anyone else.

Hospital facilities and qualified medical care for serious problems are often unavailable during the trip, and medical evacuation can be prolonged and expensive. Mission Clinics International will make every effort to assist in obtaining any necessary medical care but assumes no responsibility for provision of medical care, and you will have to pay for any additional expenses associated with evacuation and medical care.

HEALTH QUESTIONNAIRE

The activity level of this trip involves hot climate and 3-6 hours of outdoor physical activity daily in rolling terrain.

NAME: _____

AGE: _____

Do you have any significant medical conditions that have required the regular care of a physician, or about which we should be aware?
❏ NO ❏ YES If yes, please explain:

Is your physical ability in any way impaired? ❏ NO ❏ YES If yes, please explain:

List all medications you are taking at the present time and their dosage.

Do you have any special dietary needs? ❏ NO ❏ YES If yes, please explain:

Do you have any allergies (e.g., bee stings, medications)? ❏ NO ❏ YES If yes, please explain:

CONSENT TO RECEIVE AND AUTHORIZATION TO PROVIDE MEDICAL TREATMENT/RESPONSIBILITY FOR MEDICAL EXPENSES

If, during the trip, I become unconscious or otherwise unable to effectively make decisions regarding my medical care, I authorize in advance the provision of any emergency medical care deemed necessary or advisable for me. I also authorize Mission Clinics International and its representatives to make health care decisions for me if I am unable to make such decisions or my family members are absent. I agree that I will pay for all medical treatment that I receive, including any evacuation – whether directly or through reimbursement to Mission Clinics International.

I verify that all of the above information is correct. I agree that it may be shared with MCI representatives during the trip, and I agree to the above consent and authorization of medical treatment.

_____ _____ _____
Traveler Signature Date Name

If traveler is a minor, signature of parent or legal guardian is also required. I agree that the above information is correct and agree to the above Consent to Receive and Authorization to Provide Medical Treatment/Responsibility for Medical Expenses for the minor.

_____ _____
Parent/Guardian Signature Date

_____ _____
Name Relationship

PARENT/LEGAL GUARDIAN CONSENT FORM

If Participant is a minor, this consent must be completed.

With this writing I give permission for _____ to travel to and from Panama with Mission Clinics International and its representatives. I also authorize Mission Clinics International or its representatives to initiate any medically necessary care on behalf of _____ in the event that the parent or legal guardian is not present. I agree to be financially responsible to any care provider and authorize the release of any necessary medical or insurance related information pertinent to the circumstances.

_____	_____
Signature of Traveler	Date
_____	_____
Parent or Legal Guardian	Date
_____	_____
Parent or Legal Guardian	Date
_____	_____
Telephone	Alternate Telephone

TRAVELER CODE OF CONDUCT FORM

We represent Christ in all of our lives and even more plainly on a mission trip. To honor God and to maximize the effectiveness of our work, we ask all travelers to agree to the following Codes of Conduct.

1. Sensitivity and adherence to local cultural norms
2. No use of illicit drugs
3. No consumption of alcohol
4. No public smoking. Travelers who smoke will do so away from the group, in private.
5. Travelers will be present for:
    - A. All group/community meals
    - B. All group/community devotionals
    - C. All group/community meetings
6. Travelers are to be accounted for at all times
    - A. Report to all meetings and or work group sessions promptly
    - B. No unapproved absences from assigned work detail
7. Dress Code:
    - A. Women
        1. No bare midriffs
        2. No above the knee shorts
        3. No very low cut or revealing tops
    - B. Men
        1. Wear shirt at all times
        2. No hats worn in worship

I agree to comply with the above codes of conduct.

_____ _____

Signature of Traveler Date

PANAMA TRAVEL SUGGESTIONS

- ❏ HIGHLY RECOMMENDED: Refillable water bottle
- ❏ Bible and notes
- ❏ Writing materials (pens, pencils, highlighters, etc.)
- ❏ Passport
- ❏ Health Card
- ❏ Light clothing - Examples: khakis, capris, jeans, t-shirts, scrubs
- ❏ One dress casual outfit for weekend in Panama City
- ❏ Optional jacket or sweater for city air conditioning
- ❏ Hat, ball cap, etc.
- ❏ Comfortable shoes (tennis, sandals, walking, etc.)
- ❏ Flip flops (for use in showers and relaxing)
- ❏ Bath towel
- ❏ Wash cloth
- ❏ Flashlight
- ❏ Batteries (flashlight, camera, radio, razors, etc.)
- ❏ Camera (extra batteries, SD card, film, etc.)
- ❏ Snacks (jerky, candy, crackers, chewing gum, breath mints, etc.)
- ❏ RX (anti-malarial if desired & any prescriptions that you take)
- ❏ Meds (over-the-counter … pain, sinus, cold & flu, Imodium, antacids, etc.)
- ❏ Personal items (two toothbrushes, tooth paste, deodorant, cologne/perfume, razor, shave cream, shampoo, body wash, mouthwash, hand cleaner, etc.
- ❏ Insect repellent (The more DEET the better the protection – if you don't like DEET there are alternatives.)
- ❏ Sunscreen
- ❏ Cash (souvenirs, personal items, etc.)

Notes:

- CHECK AIRLINE BAGGAGE RESTRICTIONS BEFORE PACKING! Airlines might charge per bag and have specific measurement and weight restrictions for carry-on and checked bags. Each traveler is responsible for his or her own baggage fees.
- AIRLINES DO NOT ALLOW LIQUIDS GREATER THAN 3 OZ.. IN YOUR CARRY-ON LUGGAGE. There are only few exceptions to this. If you have items larger than 3 oz. at security check-in, you will be forced to discard them. All liquids in your carry on must be placed in a clear 1 quart zip top bag. Each traveler is only allowed 1 bag. You must be prepared to take this out for scanning at airport security. When in doubt check it in.
- Some travelers take clothing to wear to give away at the end of the trip. It helps those who receive it and makes for a lighter return trip. (more room for souvenirs, etc).
- You might want to bring enough snacks so that you can share with the Panamanians that we will be traveling, working and staying with.
- Small gifts are always appreciated, too. Personal items, small gifts for the house, etc.
- Zip lock bags are great and can be used for underclothes, socks, etc. (This keeps the humidity, dust, bugs, etc., out.) You can also keep the clothes to wear on the return trip zip-locked in order to have a fresh pair of clothes for the long trip back. Larger clothes bags are available at Wal-Mart, Kmart, etc.
- Pack light! You will have to carry what you pack.
- Tightly secure any items that may come open while traveling.
- Take luggage you don't mind having damaged.
- Carry one change of clothes and some toiletries with you in your carryon luggage. Sometimes luggage is lost or delayed.
- Take items you won't mind leaving behind if you see a need.
- Leave room for souvenirs.
- Pack enough film and batteries. These can be costly and difficult to find in a remote locale.

SAMPLE SUPPORT LETTER

Dear _____:

I believe one of the things we take for granted more than anything else in our lives is the invitation that God has given us, through Jesus Christ, to have a personal relationship with Him. It's sad to say that we, even as Christians, often forfeit our personal time with God for the many details in our day; the same details that we so desperately need Him to work in. Even as I struggle in remaining faithful in my pursuit of God, as always God has remained faithful in pursuing me and reminding me of my desperate need for Him, my need to meet with Him face to face everyday. I cannot help but think as God is calling me even now to a greater intimacy in my relationship with Him, that there are many in this world who have yet to hear the Truth about the Real, True, Living God, the one who created them and who loves them and desires a personal relationship with them.

This upcoming July, God has blessed me and other members of my church family, with the opportunity and the honor of taking His Truth to the people of Panama. During our trip we will be working closely with Christians in the community of Higueronal whose ministry focuses on the physical and spiritual needs of those in the community. Our desire is to show God's love to those who have yet to hear or receive it. One of our main focuses as a team will be to supply the medical needs of the community. The Church is building a state-of-the art medical facility on site. We also will provide clothing, eyeglasses, dental and medical care. Other opportunities to do God's work include preaching of the Gospel and reaching out to those who do not know the love of Christ.

Just as God has penetrated my heart with a compassion for the great need in Panama, I am praying as I send out these letters that God would begin to touch your heart as well, so that you will be included in what God wants to do and is doing in Panama.

The first and most important way I want to challenge you to be included is through your prayers. Pray for the continued wisdom, encouragement, focus, and faith of believers in Panama. Pray that God would reveal His Truth and soften the hearts of the many unbelievers there. Pray that God would prepare our team to be used and that we will walk away changed. Secondly, if you are able, I challenge you to help me financially. I need to raise $----- by the end of June to travel on this trip, so please prayerfully consider how you might help to send me and God's love into Panama. I am already looking forward to seeing how God is going to touch many lives and mine through this trip.

Pursuing God,
(Your Name)

(Please detach this slip and return to me in the envelope provided — thank you!)

Enter Your Name Here _____

___ I will pray for you.

___ I will financially support you with a gift of $_____

Please make checks payable to Mission Clinics International, a 501(c)(3) tax-exempt organization. All donations are tax-deductible as permitted by law.

Please mail payments to: **Mission Clinics International, 115 South Campbell Road, Royal Oak, Michigan 48067.**

Name: _____

Phone #: _____

Address: _____
(Street) (City) (State) (Zip)

Email: _____