

# India 2020 Quick Look

- WHO:** Any interested medical or dental professional. Special interest in dental hygienists, nurses, dentists and 1 or 2 female nurse practitioners. Although the trip focus will be medical, we also welcome non-medical persons who are interested.
- WHAT:** Perform medical & dental care for Indian missionaries and their families in partnership with the Delhi Bible Institute
- WHERE:** New Delhi, India and surrounding area
- WHEN:** January 23-February 2, 2020
- FINANCIAL:** Approximately \$3,000 – Money is raised through support letters and personal finance
- APPLICATION DUE:** August 4, 2019
- QUESTIONS?** Contact Dan Larison at [dlarison@parksidechurch.com](mailto:dlarison@parksidechurch.com) or 440-543-1212





# PARKSIDE CHURCH

## India Medical/Dental Short-Term Missions Trip Application Form

Return forms to: *Parkside Church*  
*7100 Pettibone Road*  
*Chagrin Falls, OH 44023*  
*ATTN: Jacque Platek*

### PERSONAL INFORMATION

Application Date \_\_\_\_\_

Full Name \_\_\_\_\_

DOB \_\_\_\_\_ Passport ID # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Are you a dental or medical professional? If so, what is your specialty? \_\_\_\_\_

### EMERGENCY CONTACT

Name \_\_\_\_\_

Relationship \_\_\_\_\_ Phone \_\_\_\_\_

### SPIRITUAL LIFE

Home Church \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

How long have you attended? \_\_\_\_\_ Are you a member? \_\_\_\_\_

Pastoral Reference \_\_\_\_\_

Please describe how you came to a personal relationship with Jesus Christ:

Please describe your walk with Christ and other ministry activities that you participate in:

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Signature

Date

**PARKSIDE CHURCH**  
India Short-Term Missions Trip  
Contract of Commitment

When we go to India, we will be examples of American Christians, representing Parkside Church and more importantly, the Lord. Therefore we are looking for people who are devoted followers of Jesus Christ. There will be requirements for each individual to fulfill in order to go on the trip. The requirements are for the purpose of preparing you to serve, lead, and be a sincere example of Christ to the people of India.

**Expectations:**

1. To attend all meetings
2. To complete all necessary forms
3. To fulfill all the financial obligations regarding the trip in due time
4. To regard my brother in Christ as more important than myself (Phil 2:3)
5. To keep as my primary objective to glorify God by living a holy life
6. To commit to personal prayer for a Christ-like attitude, commitment to hard work and flexibility to needs and priority of team.

I agree to abide by the above expectations.

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Signature

Date



**Liability Release**  
**Reasons for our Request**

Parkside Church is a non-profit charitable organization serving those in attendance to the held meetings. In some instances, scheduled activities and trips which are a part of the Parkside Church programs may involve travel and challenging activities. Parkside Church plans these activities with care, but given the number of persons involved and variations in the participants' physical abilities, experience, and medical needs, we do not assume responsibility of determining whether any individual can safely participate in a particular program or activity. We therefore ask each participant, in consultation with his or her own physician, to accept this responsibility.

Our goal is to offer the broadest possible range of programs and ministries, but our ability to do so is affected by the increasingly litigious society in which we operate. We therefore request that each participant assume responsibility for risks other than those arising from gross negligence or wanton or reckless conduct on the part of Parkside Church or the institution sponsoring the India Short Term Trip. **EACH PARKSIDE CHURCH PARTICIPANT SHOULD SIGN A SEPARATE FORM (on back). PLEASE REVIEW CAREFULLY, SIGN THE RELEASE AND RETURN FORM TO THE PARKSIDE CHURCH OFFICE.**

**Assumption of Risk**

The nature of travel involves inherent risks. However, through your application and participation in any activity, including the India Short Term trip, sponsored by Parkside Church. You acknowledge that there are risks and dangers associated with traveling, of injury or illness here or in a foreign country, of accidents and injury associated with activities necessary to the ministry (especially those involving construction work). You acknowledge that there is always an element of the "unknown" on any indoor or outdoor activity and not all variables are under the control of the leaders, hosts, staff, or other team members. Acknowledging these risks, you assume these risks for yourself during an activity in ministry for the India short-term trip.

**LIABILITY RELEASE**

I \_\_\_\_\_ have read and understand the requirements for the India short-term trip and am aware that this trip involves risks which I am prepared to accept. Following appropriate medical consultation with my personal physician, I have determined that my health is adequate to participate safely in this trip. Accordingly, as part of my decision to participate, I hereby release Parkside Church from any and all liabilities with respect to injury, sickness, disease, loss or damage. This release does not apply to liabilities arising from gross negligence or wanton or reckless conduct by anyone, including Parkside Church and its representatives. Apart from that exception, this release applies to any and all liabilities of any type of description, whether arising from ordinary negligence or otherwise, and whether involving fees and expenses of any kind. In the event that some other person or entity seeks compensation for these released liabilities, I will indemnify and hold harmless Parkside Church for all sums reasonably incurred in response to that claim. By signing this Liability Release and Assumption of Risk, you agree to all terms described.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



**MEDICAL HISTORY AND CONSENT FORM**

Full Name \_\_\_\_\_ Birth date \_\_\_\_\_ Sex \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Cell Phone ( \_\_\_\_\_ ) \_\_\_\_\_  
Dates of Activity \_\_\_\_\_ January 23, 2020 \_\_\_\_\_ through \_\_\_\_\_ February 2, 2020 \_\_\_\_\_

**EMERGENCY NOTIFICATION**

Name \_\_\_\_\_  
Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_  
Alternate Phone ( \_\_\_\_\_ ) \_\_\_\_\_  
Relationship \_\_\_\_\_

**Alternate Contact**

Name \_\_\_\_\_  
Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_  
Work Phone ( \_\_\_\_\_ ) \_\_\_\_\_  
Relationship \_\_\_\_\_

**Health Insurance**

Company \_\_\_\_\_  
Policy or contract number \_\_\_\_\_  
Does this policy cover you for injury or illness outside of the United States? \_\_\_\_\_  
Primary Doctor's name \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_

**Please answer all of the questions in detail**

1. Do you have any permanent medical disability? \_\_\_\_\_
2. List any ongoing illness or medical problems that you have had \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Have you ever had any type of heart disease or heart problem? \_\_\_\_\_  
\_\_\_\_\_
4. Have you ever had high blood pressure? \_\_\_\_\_
5. Have you ever had sugar diabetes? \_\_\_\_\_
6. Have you ever had any type of cancer, leukemia, or lymphoma? \_\_\_\_\_  
\_\_\_\_\_

7. Are there any medications that you frequently or regularly take? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
8. Have you ever stayed in the hospital as a patient? Explain. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
9. Have you ever had any broken bones (fractures)? \_\_\_\_\_
10. Are you allergic to any type of medicine or drug? \_\_\_\_\_  
 \_\_\_\_\_
11. Do you have any other allergies? \_\_\_\_\_
12. Have you ever had any type of nervous disorder? \_\_\_\_\_  
 \_\_\_\_\_
13. When was the date of your last Tetanus shot? \_\_\_\_/\_\_\_\_/\_\_\_\_
14. How often do you exercise on a weekly basis? \_\_\_\_\_
15. How would you rate your overall health on a scale of 1-10? \_\_\_\_\_
16. What blood type are you? \_\_\_\_\_

This health history is correct, so far as I know. I hereby give permission to the physician, nurse, or dentist selected by Parkside Church to secure medical or dental aid as required for illness or injury under a physician's orders, including transportation to and from necessary facilities.

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

I desire to participate as a team member on the Parkside Church short term mission trip to India for the dates of January 23, 2020 through February 2, 2020. In consideration of Parkside Church providing this opportunity, I do hereby release Parkside Church, its officers, employees, agents, and members of the Board of Elders from all claims and causes of action by reason of any injury, which may be sustained as a result of this activity.

This authorization shall remain effective until revoked in writing delivered to Parkside Church. Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, in Chagrin Falls, Ohio.

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date