



# Go Form

**"Supporting Long Term  
missionaries with short  
term mission trips."**

And Jesus came and said to them, "All authority in heaven and on earth has been given to me. Go therefore and make disciples of all nations, baptizing them in the name of the Father and of the Son and of the Holy Spirit, teaching them to observe all that I have commanded you. And behold, I am with you always, to the end of the age."

Matthew 28:18-20

**"Never be content with where you are, God's not content with keeping you there. Keep stretching, keep growing, keep pushing and keep fighting..."**

**TORN Missionary Quote**

# SECTION 1 | PERSONAL INFORMATION

Tell us about the person participating in a program with TORN Ministries Inc.

Participant's Name: \_\_\_\_\_

Participant's Birthday: \_\_\_\_\_

# SECTION 2 | PARENTAL GUARDIANSHIP

Provide information about participant's parents. If there are other adults who have custody of the participant, please provide their information instead. If participant is 18 years or older, this information is still required and will be used in the case of an emergency.

Mother/Guardian Information  
(select one)

Parent

Guardian

Full Name: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_

Father/Guardian Information  
(select one)

Parent

Guardian

Full Name: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_

# SECTION 3 | EMERGENCY CONTACT

In case of an emergency where your parents/guardians cannot be reached, please provide contact information for another adult trustworthy of decision making.

Full Name: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Numbers Cell: \_\_\_\_\_ Work: \_\_\_\_\_

E-mail: \_\_\_\_\_

# SECTION 4 | MEDICAL AND HEALTH INFORMATION

This section of the Go Form will be used to assist the participant in remaining healthy for the duration of their program and will be reviewed by leadership. Please be thorough and specific in the section. Withholding information in this section is grounds for immediate dismissal from a program.

## PART A | Check if the participant has any of the following:

Asthma, Chronic wheezing, respiratory problem	Mental Health Issues/ Depression	
Chronic or Persistent Cough	Fainting Spells	
Cysts or tumors of any kind	Convulsions, epilepsy or seizures	
Cancer	Parkinson's disease	
Skin disorder (other than acne)	Anemia or any other blood disorder	
Goiter	Serious bodily injury	
Diabetes or Hypoglycemia (low blood sugar)	Thyroid ailment	
Circulatory Trouble	Severe allergic reactions	
Hearing or Vision Impairment	AIDS or HIV	
Kidney Problems	High or low metabolism	
Tuberculosis	Gall bladder stones or colic	
Rheumatism, arthritis, painful swollen joints	Prostate problems	
Severe knee problems	Veneral disease	
Intestinal or bowel problems	Breast or menstrual disorder	
High blood pressure/ any cardiac problems	Chronic pain	
Persistent, recurring indigestion, stomach or duodnal ulcers	Please list any other disease/ disability not listed:	

## PART B | List all the perscription medications the participant is currently taking and all the perscription medications they have taken in the last year. Select if they will be taking on the trip:

MEDICATION	PURPOSE	DOSAGE	Take (Y/N)

## PART C | List all the non-perscription medications the participant is currently taking, select if they will be taking on the trip:

MEDICATION	PURPOSE	DOSAGE	Take (Y/N)

## PART D | Have you had treatment/counseling for chemical or alcohol abuse?

Yes  No

When \_\_\_\_\_ Where \_\_\_\_\_

## PART E | Please list all foods or medications the participant has an allergy to and provide the appropriate information for each allergy:

FOOD/ALLERGY	EXPECTED REACTION	MEDICATION

If you have any dietary needs (i.e. gluten-free, vegetarian) for health reasons (not preference), please explain your needs:

## PART F | Please check any medicines you would NOT permit this participant to use/ ingest if needed:

Acetaminophin (Tylenol)	Calcium Carnoate (Tums)	
Ibuprofen (Advil/Motrin)	Pepto Bismol	
Asprin	Simthicone (Mylanta)	
Aleve	Loperamide HCl (Imodium)	
Lortadine (Claritin)	Mucinex	
Diphenhydramine HCl (Benadryl)	Monistat	
Dayquil/Nyquil	Vitamin C Drops	
Guaifensin Cold Medicine	Midol/Pamprin	
Triaminic Cold Medicine	Dimetapp	
Cough Drops	Emetrol	
Pseudoephedrine (sudafed)	Hydrocortinsone Cream	
Topical-Hydrogen	Insect Repellant	
Antibiotic Cream	Gold Bond Powder	
Poison Ivy Cleanser	Burn/Sting Relief	
Aloe Gel, Vaseline	Calamine Lotion	
Meat Tenderizer Paste	Orajel	
Bengay	Benadryl Cream	
Magnesium Hydroxide (Milk of Manesium)	Skin Protector	
Eye Drops	Chigger X Cream	
Antibacterial Spray	Other	
Athelete's Foot Spray/Powder	Off limits:	

## PART G | Have you been under a physician's care for illness?

Yes  No

When \_\_\_\_\_ Where \_\_\_\_\_

Date of last physical exam: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

# SECTION 5 | SURGICAL HISTORY

Please list the surgical operations or hospitalization the participant has undergone. If there are more than 3, please attach an additional sheet of paper to explain.

1. Operation/Illness: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Reason: \_\_\_\_\_ Name/Address of Hospital \_\_\_\_\_

Name of Physician: \_\_\_\_\_ Remaining Effects: \_\_\_\_\_

2. Operation/Illness: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Reason: \_\_\_\_\_ Name/Address of Hospital \_\_\_\_\_

Name of Physician: \_\_\_\_\_ Remaining Effects: \_\_\_\_\_

3. Operation/Illness: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Reason: \_\_\_\_\_ Name/Address of Hospital \_\_\_\_\_

Name of Physician: \_\_\_\_\_ Remaining Effects: \_\_\_\_\_

# SECTION 6 | IMMUNIZATION HISTORY

A year must be listed for each immunization and it must be the last year it was administered. Tetanus immunizations must be within the last 10 years.

Type	Year Administered
Mumps/Measles/Rubella	
Diphtheria/Pertussis	
Polio	
Tetanus (within last 10 years)	

Any other vaccines within last 12 months \_\_\_\_\_

# SECTION 7 | MEDICAL RELEASE

If you indicated **“YES”** by checking any of the boxes in **Section 4 Part A** or if you have a severe life-threatening allergy listed in **Section 4 Part D**, then you **MUST** have this medical release section completed by a physician.

Attention to Attending Physician: Over our years of experience, TORN Ministries has had participants who have experienced difficulty engaging in daily activities while participating in our programs. Daily activities for most destinations may include and are not limited to: physically challenging training, high intensity aerobic activity, hiking, and extended periods of walking, exposure to extreme temperatures and weather, significant and quick altitude changes, travel to international destinations, and dietary changes. Some or all of these challenges add to the physical intensity of our program as well as the high probability of, at some point, the participant experiencing a lack of sleep. We expect all participants to be able to communicate effectively with our leadership structure and engage with us at the maturity level appropriate to their age. Some locations are extremely remote and may not have access to power or 24/7 of emergency care centers with highly specialized equipment. Please be considerate of these factors as you evaluate the participant’s physical and mental readiness for such conditions.

Name of Physician: \_\_\_\_\_  
(Please Print) \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Participant's Name: \_\_\_\_\_ Participant's Birthday: \_\_\_\_\_

I have reviewed the Participant's medical information and history. I have performed a physical exam. Please indicate the appropriate choice:

- I find the participant to be in adequate condition for participation in the aforementioned daily activities.
- I find the participant to be in adequate condition for participation in the aforementioned daily activities with the following stipulations/guidelines  
\_\_\_\_\_
- I have prescribed a medical plan of action for the participant to meet prior to the program
- I do not recommend the participant to participate at this time.

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## SECTION 8 | MISSION TRIP INSURANCE

All program participants who will be traveling outside the United States are **REQUIRED** to purchase mission trip insurance. If you are not traveling outside the United States or you are not a permanent resident of the United States (Except Canadians), travel insurance is recommended but you are not required to have this insurance.

Locate the information needed on your purchase confirmation. If you do not have this, please request it directly from Mission Trip Insurance:

Enrollment ID: \_\_\_\_\_

Plan #: \_\_\_\_\_

## SECTION 9 | HEALTH INSURANCE

All program participants who will be inside the United States during their program are required to have valid health insurance for the duration of that portion of the program. If you have purchased the insurance needed for section 8, then additional health insurance is recommended, but not required.

Policy Holder's Name: \_\_\_\_\_ Insurance Company: \_\_\_\_\_

Policy #: \_\_\_\_\_ Insurance Company Phone Number: \_\_\_\_\_

**REQUIRED:** I have included attached a copy of this Health Insurance Card to my Go Form.

## SECTION 10 | CONTRACT AGREEMENTS: RELEASE, HOLD HARMLESS, CONSENT

All participants are **REQUIRED** to read this section **IN FULL** and the parent(s)/ guardian(s) of participants who are minors must also read this section in full. The participant, parents/guardians will need to sign this document as follows:

Situation A: If the participant is a minor under the age of 18, then this document must be signed in the presence of a **NOTARY** (or lawyer) by **BOTH** parents. This document must also be signed by the minor. However, the minor's signature does not need to be notarized.

Here are some requirements to common scenarios that arise from the need to have both parents sign this Go Form:

- Parents Married: Both parents must sign and notarize
- Joint Custody: Both parents must sign and notarize
- Parent Deceased: Living parent must sign and notarize the Go Form and attach a copy of the death certificate for the other parent
- Sole Custody: The parent with sole custody must sign and notarize the Go Form and attach a copy of court papers showing he/ she has legal custody and authorization to release their child for inter-state and international travel and/ or provide a copy of the participant's birth certificate showing an absence of that Parent's name

- Parent Unreachable: If a Parent is uninvolved because they cannot be located, the primary Parent must sign and notarize the Go Form **AND** attach a signed and notarized "Statement of Special Circumstances."

Situation B: If the participant is an adult 18 years of age or older, then this document must be signed by them in the presence of a NOTARY (or lawyer).

### **Medical and Travel Release, Hold Harmless Agreement**

On behalf of myself/my child. I further authorize TORN Ministries Inc. to:

- Release any and all other medical information or records to any part deemed necessary by TORN Ministries Inc., its agents, servants, and employees.

- Assign for the providing of medical treatment to my child or to members of the missionary/ program group.

- To ensure proper placement of my child in such groups.

- I hereby release and agree to indemnify TORN Ministries, its agents, servants, employees and signs for any and all claims or causes of action including but not limited to all damages, liability or cost resulting from the authorizing of medical treatment on my/my child's behalf under the terms of this consent. I further hold TORN Ministries harmless from any and all claims or causes of action including but not limited to costs, damages or expenses incurred by TORN Ministries as a result of any claims or action filed by any party alleging damages incurred as a result of any medical treatment provided or authorization for treatment provided. This release specifically encompasses any act of TORN Ministries staff or it's agents and servants including acts of negligence by TORN Ministries and it's agents or servants.

- I am aware that serious illness or injury may occur during this program/trip and that such illness and injury may result in myself/my child incurring costs, expenses, and damages for which I am solely responsible, including, but not limited to, return of myself/my child by air ambulance or other extraordinary means. I also understand that these programs/ trips may be associated with risk of bodily harm, death, and/ or damage to or loss of (and participant, if participant is under 18), I personally assume all such risks, whether foreseen or unforeseen by myself or TORN Ministries, including any act of negligence by TORN Ministries or its agents or servants.

- I agree that it will solely be my responsibility to obtain information or travel immunizations required/ recommended and travel precautions for the area. I realize that immunizations must be completed 4-6 weeks prior to travel and/or according to the guidelines outlined by the CDC and/ or my chosen attending physician.

- I hereby release and hold harmless TORN Ministries, its officers, employees, agents, and representative/ volunteers from all liability resulting from any act of TORN Ministries and its agents or servants including acts of negligence by TORN Ministries and its agents or servants for personal injury, including death, as well as all property damage or loss arising out of my/ my child's participation in this program/ trip. I understand that this release and indemnification releases liability for the conduct of TORN Ministries and its agents, servants, employees or assigns, including acts of negligence by TORN Minsitries and it's agents and servants .

- I/ We, am/ are the lawful custodial parent and/ or non-custodial parent(s) or legal guardian(s) of listed participant has my/ our consent to travel with TORN Ministries to areas inside and outside the United States in accordance with my/ my Child's program.

- I also give TORN Ministries the right to use my/ my child's picture, voice and/ or testimony in any form of promotional or advertising materials, including but not limited to live events and social media.

### **Additional Consent for Medical Review & Treatment**

Participant wishes to be a member of TORN Ministries program. Certain circumstances may occur resulting in Participant's need for medical/ dental care and treatment, and further resulting in Participant's or (in the case that Participant is a minor) Participant's Parent's or Legal Guardian's inability to personally give consent for such care and treatment. In consideration of permission from TORN Ministries for Participants to participate in said program/ trip/ group, Participant or (in the case that Participant is a minor) Participant's Parent or Legal Guardian authorizes TORN Ministries, or any designated agent of TORN Ministries or medical facility to act on Participant's behalf should Participant be unable to do so and to consent to all medical/ dental care and treatment, including but not limited to diagnostic test, x-ray examination, anesthesia, surgery or other procedures which TORN Ministries deems necessary for participants well-being for the duration of the program/trip. This consent is given in advance of any specific diagnostic tests, treatment, surgery or medications, and is given to provide authorization and specific consent for medical/ dental treatment and care on Participant's behalf. Any consent by TORN Ministries shall have the same force and effect as if Participant (or Parent/ Guardian in the case the participant is a minor) had personally given the consent.

- I certify I have personal health insurance, including foreign countries I will be residing in for short and/ or long periods of time, with no territorial limitation, for the providing of medical services to participant which will provide coverage for the participant during the duration of said program. I understand that TORN Ministries provides no health insurance plan and cannot be held responsible for any medical costs I incur.

- I understand that Proof of insurance coverage will be due to my health care provider at the time of treatment or office visit. If a copy is not presented at the time of visit, health care facilities reserve the right to refuse treatment for non-urgent visits.

- I recognize TORN Ministries staff, agents and servants will have access to medical information within the Go Form and I

### **Accountability Agreement**

The rules and regulations of TORN Ministries are specifically designed to ensure the safety and well-being of each team member and to maintain the high degree of Christian integrity required to minister effectively in both a Stateside and/ or cross-cultural setting. These rules and regulations are enforced by TORN Ministries staff, which includes leaders and staff serving at TORN Ministries headquarters. Enforcement shall occur in a manner which TORN Ministries staff feels is in accordance with Christian principles and the stated purpose of the Project/ Program. We accept full cooperation from members and parents in disciplinary decisions made by TORN Ministries staff. TORN Ministries staff reserves the right to send home immediately and/ or remove from any program ("remove" defined as and not limited to sending participants home, isolating participants from other program members while under staff supervision and/ or requesting the assistance of local law enforcement if necessary) any team member that shows or communicates disregard for the stated rules and regulations. The team member and/ or thier family are responsible for any costs involved should the participant be removed from the program. These costs may include, but not limited to, airfare, hotel and food for the team member and chaperone.

- I have read, understood and agree to abide by all the rules, and regulations and the disciplinary measures outlined by TORN Ministries at [www.tornministries.com](http://www.tornministries.com) as well as any additions or addendums provided to me before or during my program participation in writing and/ or verbally.

- I will support the staff of TORN Ministries as they uphold these standards for all participants, by cooperating with requests made in order to sustain these guidelines. These requests may include, but are not limited to: Making a change in my personal schedule, providing financial information and resources in a timely fashion, and treating staff members with respect and professionalism.

### **Behavior Agreement**

By participating in a TORN Ministries program, I understand I am expected to follow the stated rules as well as carry myself according to Christian principles. I understand the Bible is the standard of conduct for all participants and I will follow it to the best of my ability.

- I will apply the standards of God's word to my life to the best of my ability.

- I commit to be a teachable receiving feedback from program leadership with humility and openness.

- I pledge to love and esteem others higher than myself, understanding that my leaders, team members and the people of the world are God's creation and are to be treated with love and respect.



# SECTION 11 | SIGNATURES AND NOTARIZATION

My/ our enclosed signatures(s) signifies my/ our approval of all limitations listed above as well as my/ our agreement with the Medical/ Go Form, Consent for Medical treatment, Accountability and Behavioral Agreement. I/ We have read and understand the information both required and delivered in section 1 through 10 of TORN Ministries Go Form including content provided on specified online sources. My/ our signature represents that all information on these forms is true and correct to the best of my/ our information.

Father's Signature (If participant is under 18) \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Mother's Signature (If participant is under 18) \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Guardian's Signature (If participant is under 18) \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

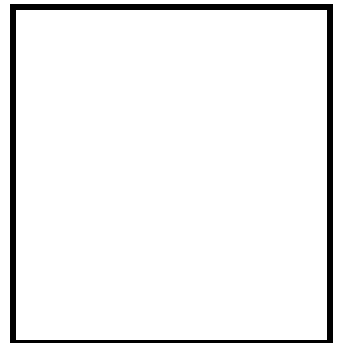
Note to Notary: If you do not have a notary stamp we need other proof of notary such as a copy of notary certificate.

Notary's Name (Please Print) \_\_\_\_\_

Notary's Location (city, state, zip) \_\_\_\_\_

Commission Expired (mm/dd/yyyy) \_\_\_\_\_

Before me, the undersigned, a Notary Public in and for said county and state on \_\_\_\_\_ (mm/dd/yyyy), 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 and voluntary act and deed, for the uses and purposes therein set forth. Given under my hand and seal of office the day and year below written.



\_\_\_\_\_  
Notary Signature

\_\_\_\_\_  
Date of Notarization

\_\_\_\_\_  
Notary Seal

# SECTION 12 | FINAL REVIEW AND MAILING

Please review the checklist to ensure your Go Form is complete and then mail it to:  
**TORN Ministries Inc.**  
**5103 S. Sheridan #345, Tulsa, OK. 74145**

Double check to make sure each section is complete:

- |                          |  |                          |  |
|--------------------------|--|--------------------------|--|
| <input type="checkbox"/> | Section 1- Personal Information            | <input type="checkbox"/> | Section 7 - Medical Release if needed                                      |
| <input type="checkbox"/> | Section 2 - Parental Guardianship          | <input type="checkbox"/> | Section 8 - Mission Trip Insurance   |
| <input type="checkbox"/> | Section 3 - Emergency Contact              | <input type="checkbox"/> | Section 9 - Health Insurance   |
| <input type="checkbox"/> | Section 4 - Medical Checklist              |                          | Copy of Health Card Attached   |
|                          | Additional Explanations Attached if needed | <input type="checkbox"/> | Section 10 - Read Contract Agreements                                      |
| <input type="checkbox"/> | Section 5 - Surgical History               | <input type="checkbox"/> | Section 11 - Signatures and Notarization                                   |
|                          | Additional History Attached if needed      | <input type="checkbox"/> | Documentation (i.e. Statement of Special Circumstances) Attached if needed |
| <input type="checkbox"/> | Section 6- Immunizations                   |                          |  |

Please allow us to partner with you in prayer for this mission trip. List your number one fear or anxiety about this trip below and the staff of TORN Ministries Inc. will stand in the gap in prayer for you:

**This form is REQUIRED for participation with TORN Ministries Inc. missions. You will need to ensure that TORN Ministries Inc. Receives this completed form with all the required signatures and notarization 45 days prior to the trip departure date.**

Do not be anxious about anything, but in everything by PRAYER and Supplication with thanksgiving. Let your requests be made known to God. And the PEACE OF GOD, which SURPASSES all understanding, will guard your hearts and minds in Christ Jesus. Philippians 4:6&7