

Guatemala Service Immersion 2026 Check List

Please initial this document and submit everything to Mr. McMerty-Brummer by March 6.

ITEM

INITIALS

- | | |
|---|----------|
| 1. travel form signed by both parents/guardians & notarized | 1. _____ |
| 2. code of conduct signed by student & parent/guardian | 2. _____ |
| 3. completed medical paperwork | 3. _____ |
| 4. copies of both side of insurance and prescription cards | 4. _____ |

International Travel – Required Document

Notarized signature of both parents is required.

This certifies that _____
Clearly print/type name of participant

has the permission of his / her undersigned parents/guardians to enter Guatemala as a participant in an international school trip officially sponsored by Benilde-St. Margaret's for the dates of July 13 - July 21, 2026. The official Benilde-St. Margaret's trip leader is Matthew McMerty-Brummer.

1st Contact:

Choose appropriate relationship: mother father guardian

Clearly print or type name: _____

Signature: _____

2nd Contact: n/a (circle only if appropriate)

Choose appropriate relationship: mother father guardian

Clearly print or type name: _____

Signature: _____

NOTARIZATION Before me, a notary public in and for the said County and State, personally appeared the above named (Signer's Names) who acknowledged that he/she did sign the foregoing instrument and that the same is his/her free and voluntary act and deed.

IN TESTIMONY WHEREOF, I have hereunto set my hand and official seal this day _____

Notary Public _____

My commission expires _____

{NOTARY SEAL



Benilde-St. Margaret's

A Catholic, college preparatory school

2501 Highway 100, St. Louis Park, MN 55416

Guatemala Service Immersion

Code of Conduct

- Participant agrees to take part in all activities of the service trip and will be courteous, punctual, and respectful at all times.
- Participant may not use or possess alcoholic beverages, tobacco products, and/or any illegal drugs. All BSM drug policies will be enforced as stated in the handbook. Anyone failing to obey these rules is subject to be sent home immediately at the additional expense to the parents.
- Participant will show passport to chaperones before boarding and exiting each flight and will submit passport to chaperones upon clearing customs in Guatemala.
- Participant will not enter the sleeping areas of the opposite gender nor engage in sexual activity.
- Participant will report all injuries, illnesses, and emergencies to chaperones.
- Participant will follow these safety guidelines:
 - Participant will travel with his/her assigned group, stay within designated areas, and NEVER go anywhere alone.
 - Participant will not leave their host family without permission from a chaperone.
 - Participant will not take out cell phone in public/on bus & will leave cell phone at host family.
 - Participant will not use personal electronic devices in public.
- Participant will follow the following dress code:
 - Dress will be MODEST and adhere to the school dress code..
 - Form fitting clothing, tank tops, crop tops, spaghetti straps and sleeveless shirts are not allowed. Pants or ankle-length dress must be worn to Mass.
 - Participant will follow the instructions of a leader if told to change into different clothing.
 - Please remove hats and sunglasses when entering a building.

Remember that as a participant on a BSM trip, you represent yourself & are also an ambassador of BSM.

I have read and understood the Code of Conduct and agree to abide by the rules set forth therein, and I agree to respect the authority of the chaperones at all times. I understand that failure to abide by the above rules may result in being sent home at the discretion of the chaperone and at the cost of my family.

Signed: _____ Date: _____

Service Participant

Signed: _____ Date: _____

Parent/Guardian



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Guatemala Service Immersion

Code of Conduct

Write the following statements.

- I will participate in all activities and be punctual & respectful.

- I will not use or possess alcohol, tobacco or any illegal drugs.

- I will not enter the sleeping areas of the opposite gender nor engage in sexual activity.

- I will report all illnesses and emergencies to chaperones.

- I will not leave the host family without permission from a chaperone.

- I will not take out cell phone/electronics in public/on bus & will leave them at my host family.

- I will follow the dress code and change if told by a chaperone.

Printed: _____

Service Participant

Signed: _____ Date _____

MEDICAL EMERGENCY FORM

The information on this form is gathered to assist the staff and appropriate medical personnel in the case of a medical emergency. **Must be completed and signed by the participant's parent(s) or legal guardian(s).**

Part A EMERGENCY CONTACT INFORMATION

Participant's Name _____ Male Female
Last First Middle

Home Address _____
Street City State Zip

Home Telephone Number _____ Participant's Birth date (DAY/MONTH/YEAR) _____

Contact Information

Custodial Parent / Guardian _____

Email address _____

Phone _____ Cell Phone Number _____ Work Phone _____

Home Address (if different from above) _____

Business Address _____
Street City State Zip Phone _____

Second Parent or Emergency Contact _____

Email address _____

Phone _____ Cell Phone Number _____ Work Phone _____

Home Address (if different from above) _____

Business Address _____
Street City State Zip Phone _____

Additional Emergency Contact

Name _____ Email address _____

Phone _____ Cell Phone Number _____ Work Phone _____

Home Address (if different from above) _____

Relationship to Participant _____
Street City State Zip

Insurance Information

Is the participant covered by family medical / hospitalization insurance? Yes No

Name of Carrier or Plan Name _____ Group / ID # _____

INCLUDE COPIES OF BOTH SIDES OF INSURANCE CARD & PRESCRIPTION CARD

Part B HEALTH HISTORY

ALLERGIES

	List all known	Describe reaction and management of the reaction
<u>Medications</u>	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>
<u>Food</u>	<hr/> <hr/>	<hr/> <hr/>
<u>Other</u> (list – including insect stings, hay fever, asthma, animal dander, etc)	<hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/>

MEDICATIONS BEING TAKEN

Please list ALL medications (including over-the-counter or nonprescription drugs) taken regularly. Make sure to bring enough medication to last for your entire trip. Keep prescription drugs in the original packaging that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage, and the frequency of administration. PLEASE TYPE OR PRINT LEGIBLY USING BLUE OR BLACK INK.

- ☐ This individual takes NO medication on a regular basis.
- ☐ This individual takes the following medications below:

Medication 1	<hr/>	Dosage	<hr/>
Times per Day & Times	<hr/>	Reason for Taking	<hr/>
Common Side Effects	<hr/>		
Medication 2	<hr/>	Dosage	<hr/>
Times per Day & Times	<hr/>	Reason for Taking	<hr/>
Common Side Effects	<hr/>		
Medication 3	<hr/>	Dosage	<hr/>
Times per Day & Times	<hr/>	Reason for Taking	<hr/>
Common Side Effects	<hr/>		

Please list.

Attach additional pages if needed to list all medications.

Authorization For Non - Prescription Medication

The mission team will carry a medical kit for minor injuries or illnesses. We can provide non-prescription medications such as ibuprofen, Pepto-Bismol, Imodium, cough drops and acetaminophen, but we will do so only with your permission.

In the event of any emergencies during the trip, I grant authority to be exercised at the discretion of the chaperones to dispense over-the-counter medication or medical assistance.

Name of Participant _____
(Please Print)

Name of Parent/Guardian _____
(Please Print)

Parent/Guardian Signature _____

Date _____