



TRIP PACKET MINOR TRAVELER

Dear Friend,

Thank you for your interest in participating in an NPH USA trip. This packet must be completed for each **MINOR** traveler. Travelers 18 or over must complete the packet for **ADULTS**.

Packet Instructions:

1. **TYPE** all required fields.
2. **PRINT** the file.
3. **INITIAL** and **SIGN** the printed pages where required in black or blue ink. Electronic initials or signatures are NOT acceptable.
4. **GET NOTARIZATION** service on pages 4, 7 and 11.
5. **ATTACH** the following:
 - A. A copy of the photo page of your current passport
 - B. A copy of the front and back of your health insurance card
6. **MAIL** to:

NPH USA
Attn: Travel
134 North LaSalle Street
Suite 500
Chicago, IL
60602-1036

Note: You must send **ORIGINALS** of the pages with live initials/signatures and notary service. Photocopies will NOT be accepted.

If you have any questions or concerns, please contact Maci Mitchell during normal business hours (Central Time Zone) at (312)386-7494 or email travel@nphusa.org.

Kind regards,
NPH USA



TRIP PACKET MINOR TRAVELER

NPH USA TRIP APPLICATION & PASSPORT COPY

Please print all information clearly.
All information will be kept confidential.

Group Name (if applicable)	Travel Destination	Trip Dates	
First Name	Middle Name	Last Name	
Address			
City		State	Zip
Phone		E-mail	
School Grade		School	
Date of Birth		Gender: <input type="radio"/> Male <input type="radio"/> Female	
Travel insurance, included in the trip cost, contains a life insurance policy. Please designate a beneficiary.		Beneficiary Name (for insurance):	
Passport Number	Passport Expiration Date	Country of Issue	

How did you hear about NPH? _____

How did you hear about this trip? _____

Why are you interested in this trip?

Do you have any concerns regarding the trip? If so, what are they?

What experiences or interests, personal or professional, might be helpful for us to know about?

**** PLEASE ATTACH A COPY OF YOUR CURRENT PASSPORT PHOTO PAGE TO THIS APPLICATION ****

If you do not have a current passport, please explain the steps you are taking to obtain one.



Participant Name: _____
Group Name: _____
Travel Destination: _____
Trip Dates: _____

CONSENT FOR MINOR TO TRAVEL IN A FOREIGN COUNTRY

***Please note that a parent or legal guardian must sign this in front of a notary.**

I, one of the parents/guardians of the minor child named below, hereby give permission for my child to travel in the country of _____ with **NPH USA** under the direction of **NPH USA** staff and associated individuals.

Minor's Name: _____

Parent or Legal Guardian #1 Print Name: _____

Signature: _____ Date: _____

Parent or Legal Guardian #2 Print Name: _____

Signature: _____ Date: _____

NOTARIZATION

STATE OF _____

COUNTY OF _____

Personally appeared before me, the undersigned authority in and for the County and State aforesaid, the above named signatory, who acknowledged on oath that he or she consents to the matters set forth in the foregoing document.

SWORN TO AND SUBSCRIBED before me, this the _____ day of _____, 20____.

NOTARY SEAL HERE:

NOTARY PUBLIC

My Commission Expires:



Participant Name: _____
Group Name: _____
Travel Destination: _____
Trip Dates: _____

LEGAL RELEASE OF CLAIMS AND ACKNOWLEDGEMENT OF RISKS FOR MINOR TRIP PARTICIPANTS

THIS IS A COMPLETE RELEASE OF ALL POTENTIAL CLAIMS BY THE MINOR

- **THIS FORM MUST BE COMPLETED BY A PARENT OR GUARDIAN AND EXECUTED BY BOTH PARENTS/GUARDIANS.**
- **THIS FORM MUST BE SIGNED AND NOTARIZED AND THE ORIGINAL MAILED TO THE ADDRESS LISTED ON THE LAST PAGE. NO COPIES WILL BE ACCEPTED.**
- **PLEASE READ EACH PARAGRAPH CAREFULLY AND INITIAL TO INDICATE THAT YOU UNDERSTAND THE TERMS OF THE AGREEMENT.**

Voluntary Participation:

I, the undersigned parent/guardian for the minor trip participant ("minor participant"), understand the minor participant will be traveling to a foreign country or countries and participating in various mission activities which are sponsored or facilitated, in whole or in part, by **NPH USA**, a non-profit corporation. I understand that it is my responsibility to arrange for medical or any other insurance coverage for the minor participant before his or her departure.

Parent/Guardian Initials: _____

Risks:

I understand and acknowledge that the minor participant's travel to, from, and within foreign countries involves unique hazards and risks not usually encountered when traveling within the United States. I understand that these unique risks and hazards may be related to exposure to environmental conditions, such as extreme weather, sanitation, animals, insects, or disease. I understand and acknowledge that the minor participant may be exposed to native food and drink that could increase the risk of a medical situation due to allergies or other pre-existing conditions.

Parent/Guardian Initials: _____

I am not aware of any medical conditions that may heighten the minor participant's risks he or she encounters while participating in and/or traveling to activities on the trip. If the minor participant does suffer from such conditions, I have informed **NPH USA** of these conditions in **NPH USA's Medical and Emergency Information and Consent Forms**. Furthermore, I have discussed any such conditions with the minor participant's physician, as they relate to and/or impact his or her participation in the trip.

Parent/Guardian Initials: _____

I am not aware that the minor participant possesses physical limitations, including limited mobility, which may limit his or her ability to travel or participate in activities on the trip. If the minor participant does have such limitations, I have informed **NPH USA** of these limitations in **NPH USA's Medical and Emergency Information Form** and discussed whether **NPH USA** will be able to accommodate the minor participant's physical limitations during this trip.

Parent/Guardian Initials: _____

I acknowledge that the minor participant's medical insurance is his or her primary coverage and that it is my responsibility to ensure that said insurance will cover the minor participant's possible medical needs, including pre-existing conditions, during his or her trip. This includes, but is not expressly limited to, medical treatment in a foreign country, medical treatment in a foreign health care facility, medical evacuation, and follow up or additional treatment upon his or her return to the United States. I understand and acknowledge that should a medical emergency arise during the minor participant's trip, access to and treatment at a medical facility may be limited and treatment he or she may receive may not be provided at levels found within the United States.

Parent/Guardian Initials: _____

I understand and acknowledge that the nature of a trip to a foreign country may expose the minor participant to health conditions and/or illness or disease that may impact his or her health or cause harm while on the trip or after his or her return and it is my responsibility to arrange for necessary precautions such as vaccination, medication, or other preventative measures. I understand and acknowledge that during travel to and from the foreign country, and while participating in activities in the country, the minor participant may experience stressful, difficult, and/or hazardous situations that may necessitate that I take additional precautions related to any pre-existing medical condition the minor participant may have.

Parent/Guardian Initials: _____

Release:

In consideration of the minor participant's participation in trip activities and as one of the recipient of benefits flowing from **NPH USA** as an organizer and facilitator of the trip, the minor participant and I do hereby release, discharge, and agree to hold harmless **NPH USA**, its directors, officers, members, administrators, employees, and/or other individuals associated with **NPH USA** from any and all liability, claims, demands, or actions which may accrue as a result of any injury, whether accidental or otherwise, illness, or other loss which the minor participant may sustain as a result of participation in any trip travel, recreation, or other trip activities. I exercise this authority as one of the parents/guardians for the minor participant. It covers activities in any country involving travel: (1) to and from those countries; (2) to and from mission activity sites; (3) to and from various locales visited during the trip by any mode of transportation.

Parent/Guardian Initials: _____

I further agree that the minor participant and I will not institute any action or suit at law or in equity, against **NPH USA**, its directors, officers, members, administrators, employees, and/or other individuals associated with **NPH USA** and that the minor participant and I will not institute, prosecute, or in any way aid in the damages, costs, loss of services, expenses or compensation for or on account of any alleged damage, loss, injury, health problem, disease, or illness to any person or property, resulting from the minor participant's participation in trip activities sponsored or facilitated by **NPH USA**.

Parent/Guardian Initials: _____

To the extent **NPH USA** has purchased travel insurance that will cover the minor participant's trip, the minor participant and I acknowledge that any benefits under such travel insurance, if any, are the sole responsibility of the carrier providing the travel insurance and that the minor participant and I will not seek any payments from **NPH USA** in the event such travel insurance does not provide any benefits to the minor participant.

Parent/Guardian Initials: _____

I understand that the minor participant and I are solely responsible for the minor participant's personal property, which means that **NPH USA** will not be responsible for the safekeeping or custody of any such property.

Parent/Guardian Initials: _____

I have carefully read the above release and agreement prior to its execution, and I am fully familiar with the contents thereof. I agree that this Agreement will be governed by the laws of State of Illinois, United States of America and is intended to be as broad and inclusive as permitted by the laws of the State of Illinois, United States of America, and that if any portion of this Agreement is held invalid, the balance of the Agreement shall, notwithstanding, continue in full legal force and effect. This release shall be binding upon me, my heirs, administrators, personal representatives and assigns, forever.

Parent/Guardian Initials: _____

EXECUTION ON BEHALF OF MINOR

Anyone under the age of eighteen (18) years old is considered a minor under the laws of the State of Illinois, where **NPH USA** is based, and this section must be signed by BOTH PARENTS and/or GUARDIANS, notarized, and submitted along with the *Legal Release of Claims and Acknowledgement of Risks Associated for Minor Trip Participants* form. My signature below acknowledges that I have read the provisions in the foregoing three (3) pages and agreed to their contents:

Parent or Legal Guardian #1 Print Name: _____

Signature: _____ Date: _____

Parent or Legal Guardian #2 Print Name: _____

Signature: _____ Date: _____

NOTARIZATION

NOTARY SEAL HERE:

NOTARY PUBLIC

My Commission Expires:



Participant Name: _____
Group Name: _____
Travel Destination: _____
Trip Dates: _____

MINOR MEDICAL AND EMERGENCY INFORMATION AND CONSENT FORMS

Minor Participant's Full Name: _____

Date of Birth: _____

Address: _____

City, State Zip: _____

Phone: _____ Citizenship: _____

Primary Care Doctor: _____

Primary Care Doctor Office Phone: _____

Do you have another medical professional who provides you with primary care (day-to-day healthcare) services? If the answer is yes, please provide his/her name and contact information:

Please list any medical conditions of the minor (asthma, diabetes, epilepsy, etc.):

Please list any food allergies or dietary restrictions of the minor:

** Please note that it is the responsibility of the trip participant to ask about ingredients and avoid foods which may contain allergens. While NPH USA makes every effort to notify the NPH homes of visitors' dietary restrictions, an allergen-free environment cannot be guaranteed. Trip participants are advised to bring snacks to supplement their meals if they are concerned about being unable to consume some foods.*

Please list any physical limitations (including limited mobility) that may affect the minor's ability to travel or participate in trip activities:

Please list any allergies or allergic reactions to medication of the above named minor:

Please list any medications the above named minor is currently taking or may need to take while on the **NPH USA** organized trip:

Date of last tetanus shot: _____

Is there any other medical information you wish to provide?



Participant Name: _____
 Group Name: _____
 Travel Destination: _____
 Trip Dates: _____

Health Insurance Information

Medical Insurance Carrier: _____ Policy Number: _____

**** PLEASE ATTACH A COPY OF THE FRONT AND BACK OF YOUR INSURANCE CARDS TO THIS FORM ****

Emergency Contact Information

IN CASE OF EMERGENCY, PLEASE CONTACT:	
Name:	_____
Relationship:	_____
Cell Phone:	_____
Other Phone:	_____

IF FIRST EMERGENCY CONTACT IS UNREACHABLE, PLEASE CONTACT:	
Name:	_____
Relationship:	_____
Cell Phone:	_____
Other Phone:	_____

Please complete the following information:

Minor Father's Full Name: _____
 Address: _____
 Cell Phone: _____
 Work Phone: _____

Minor Mother's Full Name: _____
 Address: _____
 Cell Phone: _____
 Work Phone: _____



Participant Name: _____
 Group Name: _____
 Travel Destination: _____
 Trip Dates: _____

Parent's/Guardian's Authorization to Dispense Over-the-Counter Medications

I acknowledge that I am primarily responsible for administering medication to my child. However, in my absence, I hereby authorize **NPH USA** or a responsible individual age of eighteen (18) or older, on **NPH USA's** behalf, to dispense to my child, if needed, the below noted over-the-counter medications. **PLEASE INITIAL ALL THAT APPLY.**

_____ TYLENOL	_____ IBUPROFEN	_____ ASPIRIN
_____ IMODIUM AD	_____ PEPTO BISMOL	_____ ALKA SELTZER
_____ BENADRYL	_____ COLD MEDICATIONS	_____ TOPICAL ANTISEPTIC

I further acknowledge and agree that **NPH USA** assumes no obligation to dispense, or provide in any manner, any of the above listed or non-listed over-the-counter medications to the minor participant and that in many situations **NPH USA** may not possess or otherwise have access to such medications on its sponsored trips. I further acknowledge and agree that in the event that any of the above consented medication is administered, I waive any claims I might have against **NPH USA** and its employees arising out of the administration of the medication. In addition, I agree to hold harmless and indemnify **NPH USA** and its employees, either jointly or severally, from and against any and all claims, damages, causes of action, or injuries incurred or resulting from the administration of the medication.

 Printed Name of Parent/Guardian Signature of Parent/Guardian Date

Self-Medication Administration Consent Form for Minor

Please fill out and sign if you allow the minor to carry and administer his/her own prescription medication.

I understand and agree that I have assumed responsibility for sending my child's medication in its original prescription container. I agree to make certain that my child takes responsibility for taking the medication as prescribed. I also agree that **NPH USA**, its officers, employees, and agents shall not be liable for any loss, damage, injury, or liability of any kind to any person caused or arising from acts, omissions, or negligence of **NPH USA**, its officers, employees, or agents relating to the self-administered medication by my child.

 Printed Name of Parent/Guardian Signature of Parent/Guardian Date



Participant Name: _____
Group Name: _____
Travel Destination: _____
Trip Dates: _____

Authorization for Emergency Medical Treatment for Minor

As the parent or guardian of the child listed below, I authorize the treatment by a licensed medical professional of the child in the event of a medical emergency which, in the opinion of the attending medical professional, may endanger his or her life, cause disfigurement, physical impairment, or undue discomfort, if delayed.

I understand that the scope of treatment may include any diagnosis, procedure, or other care, for the below named minor, including, but not limited to: x-ray, scan, ultrasound, or other diagnostic test, anesthesia or administration of any anesthetic, medical, psychiatric, dental, or surgical diagnoses or treatment, and hospital care. I understand that the undersigned has provided the minor's medical history in this form, including a statement of allergies and current medications and conditions, to be used in the event that emergency care for the minor is sought.

I agree that this authority is granted only after a reasonable effort has been made to contact us. I agree to be held responsible for the expenses incurred in obtaining diagnosis, treatment, or care of the minor, and that this authorization in no way transfers the responsibility for payment of care to **NPH USA** or its employees.

This consent is valid while the child is a participant in the subject trip organized by **NPH USA**. This consent is signed for the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

Name of Child: _____
Name of Parent/Guardian: _____
Signature of Parent/Guardian: _____

NOTARIZATION

STATE OF _____
COUNTY OF _____

Personally appeared before me, the undersigned authority in and for the County and State aforesaid, the above named signatory, who acknowledged on oath that he or she consents to the matters set forth in the foregoing document.

SWORN TO AND SUBSCRIBED before me, this the _____ day of _____, 20____.

NOTARY SEAL HERE:

NOTARY PUBLIC

My Commission Expires:



Participant Name: _____
Group Name: _____
Travel Destination: _____
Trip Dates: _____

NPH INTERNATIONAL VISITOR POLICY AND GUIDELINES

This NPHI International Policy applies to ALL VISITORS (INDIVIDUALS, MEDIA, ALL GROUPS-MEDICAL BRIGADES and CONSTRUCTION, etc.) while visiting and/or working in any of our nine NPH homes. All visitors staying overnight must sign the policy. In addition, each individual NPH home may have additional home-specific rules/guidelines that they ask visitors to comply with.

Thank you for joining us to visit our children of Nuestros Pequeños Hermanos! We view your visit as an opportunity for you to learn about our work while building long lasting relationships with the children and youth in our care. During your stay we ask that you help us ensure your visit has a minimal impact on the daily lives and schedules of the children. As with any family, the children and staff have a daily schedule that needs to be respected as life goes on as usual. The Visitor Coordinator will help you to organize your agenda in order to be the least disruptive as possible to the children and staff in our homes. We have developed this policy and these guidelines to ensure that your presence at our NPH homes will be a positive, uplifting experience for everyone involved. We ask that you please read them carefully and respect them at all times during your visit.

Your visit to NPH will give you an opportunity to learn about our work and briefly experience life at an NPH home. Please remember that as a visitor you are only seeing a brief period of time and may not understand the entire program from a short visit. We encourage you to ask questions and grow in your understanding of our programs as well as the country you are visiting. We also advise you to read about the country you are visiting ahead of time in order to have a deeper understanding of the host country. We will include information on NPH, the NPH home and the country in your trip materials. The NPH local Visitor Coordinator will send you materials prior to your arrival and provide an orientation when you arrive, to review specific rules and individual guidelines of the NPH home you are visiting.

If you are a Godparent to a child who lives off-site with their family, please also see page 17-18, for further information.

GUIDELINES: *in alphabetical order*

ABUSE PREVENTION

We strive to provide a safe home for all of our children, employees and volunteers. All visitors, donors, sponsors, trip leaders, members of medical brigades and construction groups are asked to respect the following international rules to ensure the children’s safety. Children (pequeños) are not allowed to be in any employee, volunteer or visitor rooms under any circumstances. To spend time with a visitor/visitors outside the home, approval must be given by the National Director or House Director. In addition, these visits must be accompanied by a volunteer, caregiver or other staff member. Under no circumstances are pequeños allowed to stay overnight outside of the NPH home with visitors, sponsors, donors, trip leaders, etc.

If you are visiting your Godchild or another child, your trip leader will arrange for you to spend time with them during your trip. Excursions for you and your Godchild outside of the NPH home may also be arranged as a part of your trip. If you are visiting NPH on your own, please contact your local fundraising office and the Visitor Coordinator of the home you wish to visit to arrange your trip. Please ask the Visitor Coordinator for the rules of the home and the Visitor Policy BEFORE your visit and ALSO upon arrival.

ACTIVITIES

When planning activities, please respect the obligations and routines of our home. Please do not expect to take children out of school for activities. We can arrange special permission for afternoon/evening and weekend time with the group, with godparents and/or with the visitors. We ask that all visitors respect our religious spaces, our chapels and churches. Activities that are not spiritual do not belong in these spaces.

Activities with your godchildren, with a specific hogar/section/group of children or a family of children must be arranged in advance with the Visitor Coordinator of the home you are visiting.

ALCOHOL, DRUGS AND TOBACCO

Please respect the specific rules and designated areas in each home in regards to smoking or drinking of alcohol. Please refrain from drinking and smoking in front of the pequeños regardless of your location. In addition, please do not visit with our children or youth after you have been drinking or smoking. Do not offer alcohol, drugs and tobacco to a pequeño regardless of their age. The use of drugs is prohibited at all of our NPH homes.

COMMUNICATION

Please communicate with the NPH community through established channels. Your trip leader and/or fundraising office should be your first point of contact before, during and after your trip. The fundraising office or trip leader should be in direct contact with the Visitor Coordinator in the home. This process helps to prevent cross cultural misunderstandings and confusion. In addition, all communication sent to your sponsored child or any other children you meet should be sent through the established correspondence process. This process ensures that your correspondence will reach the children while not causing additional work for the NPH in-country staff.

Please do not exchange e-mail addresses or become Facebook friends with the children. Because it is difficult to monitor the children's Facebook use, Facebook is blocked at some of our NPH homes. Please respect the NPH guidelines of Facebook use and do not "friend" or accept a friend request from the children. We recognize it may be uncomfortable to say no if a child asks you for your e-mail address but the children are aware of these rules so please support the NPH staff in abiding by them. You or your trip leader can ask the Visitor Coordinator for the specific guidelines in each home regarding electronic communication. Our high school and university students who live in the cities where they study have access to and have permission to use social media and to communicate electronically. (See Social Media section below.)

DRESS CODE

Please dress modestly as cultural standards in Latin America and the Caribbean are different than the US and Europe. We ask that you please pay particular attention to the following: no short shorts/skirts, do not wear clothing that is revealing including showing your stomach or chest. We ask that all skirts and shorts should come to the knee and all straps should be at least three fingers wide. Please remove all piercings except for in ears. If you have tattoos, please make sure they are covered. Again, please check with the visitor coordinator of the home you are visiting for any additional specific guidelines.

FINANCIAL DONATIONS

Visiting the NPH homes will naturally bring up questions of project costs, budgets and funding needs. During your visit you will be confronted with many needs and may feel compelled to respond immediately to these circumstances. However, a visitor distributing cash and making promises (i.e. future financial support or return trips) may cause misunderstandings. During your trip, your trip leader will provide you with information on funding needs that are considered top priorities by the NPH leadership in each home. If you want to make a donation, please consider giving toward these high priority projects. Please address any current and future questions regarding funding or how you think you can help with the local Visitor Coordinator, your trip leader and/or your fundraising office. To assure tax deductibility of your philanthropic contributions, please make all financial donations to NPH through your fundraising office.

GIFTS AND DONATIONS

Many visitors collect items to bring as donations to NPH. A list of specific needs will be available from your trip leader, your fundraising office and/or the local Visitor Coordinator of the home in which you are visiting. In general, new clothes (underwear, socks, t-shirts, pants, shoes) in all sizes are always needed. Please coordinate your donations with your trip leader or the Visitor Coordinator of the home you are visiting. If you are traveling on your own to an NPH home please inform the Visitor Coordinator of your donations upon arrival. These items will be given to the Visitor Coordinator or the NPH staff person in charge of donations to be used and distributed where most needed.

We understand that both visitors as well as sponsors will want to give their godchild or children they meet a gift. We encourage all sponsors and visitors to consider simple and modest gifts that will be meaningful to the child (e.g. a book in Spanish, a cross necklace, a picture frame with a photograph of you with the child, photo album of your time together). The best gifts are those that can be shared by everyone in the child's or your Godchild's home/hogar/section (e.g. board games, a deck of cards, soccer ball etc.). We ask that you avoid electronics or any expensive gift. We also ask that you refrain from giving money/cash as gifts. Please understand that some of the children do not receive gifts. Giving one child an expensive, personal gift may unintentionally create feelings of jealousy and cause problems for that child. Please talk to your trip leader and/or the Visitor Coordinator of the home you are visiting if you have additional questions about gift-giving to your godchild or any other children or youth.

Please remember that your presence is the most important gift you can give the children. Please avoid giving out random small gifts to the children (i.e. candy, stickers, etc.). This type of gift giving can teach the children that all foreigners bring gifts and encourage the children to ask for and expect them.

If you have other questions regarding gifts or donations please ask the Visitor Coordinator directly, they can talk to specific on-site staff regarding your request. It is easily arranged to have you or your group organize an activity that includes small gifts, etc. for a group of children, but this must be organized with the local Visitor Coordinator and local on-site staff.

MEDIA POLICIES

PHOTOGRAPHY AND VIDEO:

Please use your camera only after building a relationship with the people you want to photograph. Just as you would in your own country, it is generally a good idea to ask for permission before taking a picture/video of someone.

- Please be respectful and only photograph children that are in the custody of NPH, unless prior authorization is approved by the NPH Communication Officer or your trip leader.
- These NPH homes have additional restrictions for photography and video. Minors (under 18 years) can only be photographed or recorded, and photos / videos can only be published or shared online if their faces are not identifiable in the following countries: Bolivia; Peru; Matamoros, Mexico; Guatemala; El Salvador.
- Please do not take photographs of any children or adults in any community outreach program.
- Please do not take pictures of children unless they are fully clothed.
- Please do not take photos of patients in medical facilities who are under NPH care, without the consent of both the facility and the patient.

The children will want to use your camera and other electronic devices. We advise you to not give your electronics to them to borrow. If you do give your camera to a child please be aware that they will play with it and many visitors have had all of their photos erased.

SOCIAL MEDIA:

We hope you will be excited to share your trip experience with your network of friends and family on social media. We encourage you to spread the word about our work as this is a powerful way to get more people involved in helping the children. We have developed these guidelines to help you determine what is appropriate to share. First and foremost, we ask that you respect each child's personal story. Some children will be very open about their stories and other children will not. If you are going to publish the photo of a child on social media, you must have his or her personal consent before doing so. Please recognize that this is a personal choice and it is up to each child to decide if they choose to share their story with others. Be sensitive about the privacy of a child's family; do not give details on the death or disease of family members. The use of a minor's (under 18 years old) real name is not permitted in any type of posting on social media. If the young adult is over the age of 18, you must have the personal permission to publish his/her real name.

As a guideline, think about why "personal" and "private" are not the same. While communication through social media networks is primarily a personal matter, this is not the same as it being private. Written conversations inside these networks can be found through search engines such as Google. Even in cases where only your contacts can see what you write, there is a possibility that one of them will forward what you say and make it visible to a wider audience. As a result, personal conversation within social media networks should be considered public rather than private.

Think of CNN, your mother, and your boss — be conscientious of what you are posting. Don't say anything online that you wouldn't be comfortable seeing quoted on any news channel, being asked about by your mother or having to justify to your boss.

Please recognize that photographing and sharing the stories of children and youth has its special challenges. In some instances the act of sharing a picture or story can put the child or other children at risk of retribution or stigmatization. Please be cautious in sharing any photographs or videos on any social media platform (Facebook, websites, blogs, etc.).

Please be aware that we reserve the right to request that any media used of an NPH home, child, or program be removed from any social media platform. Please do not post any photos of the children if they are not fully dressed, or showing hand symbols. Again, the use of a child minor's real name is not permitted in any type of posting on social media, and you must have permission for those 18 or older. Also, please do not take photos of people in the NPH outreach programs.

MEDICAL SUPPORT

If you would like to support the medical staff in the home, your group will need to contact a staff member in the clinic or the NPHI Medical Services team to request permission. You will be asked to fill out a simple application and also write a brief report after your work. If you are planning to bring medicine or equipment, you will need to submit a detailed summary of the name, quantity and expiration date of the medicine and equipment to a member of the home's clinical staff and/or NPHI Medical Services team. You may need a letter of donation or a letter of invitation in order to pass through Customs. The process for each country is different, so you will need to contact the NPH team before your trip in order to learn the necessary procedure and requirements.

If you are planning to do community service or outreach and stay in the home, you must submit an application and report to the NPH staff member coordinating your stay. Please keep in mind that although you will be visiting, you are representing NPH to the local and many times international community. Medical students are allowed and encouraged to be part of medical brigades, provided the tutor to student ratio is followed, and must not administer any services that they would not be permitted to give within their own country.

RELATIONSHIPS

Please model healthy and respectful relationships. Many of the children living at NPH come from homes without healthy boundaries and we strive to provide positive examples for the children. Unmarried couples will not be permitted to stay in the same room together on NPH property. Romantic relationships are prohibited between all children/youth of NPH and any employee, volunteer, visitor, donor, or sponsor regardless of the age of either person.

VISITOR AND SHORT-TERM VOLUNTEER DIFFERENCES

Visitors are invited to spend time in our homes for up to two weeks, depending on availability. All visitors under 21 years of age must be accompanied by another adult. All visitors must adhere to the policy and guidelines mentioned above; if there are exceptions they must be approved by the Visitor Coordinator and the National Director.

All short-term volunteers must have the approval of the home’s National Director and/or the International Service Teams, if under the umbrella of Family Services or Medical Services. All short-term volunteers must be under the supervision of someone specific in the home. All short-term volunteers must follow the guidelines and policies set forward by the Volunteer Program as well as the International Visitor Policy and rules of the local home. There are NO exceptions to this rule.

I HAVE READ AND FULLY UNDERSTAND THE NPH INTERNATIONAL VISITOR POLICY. I CLEARLY UNDERSTAND THIS POLICY AND THESE GUIDELINES RELATING TO THE FOLLOWING TOPICS:

- Abuse Prevention
- Alcohol, Drugs and Smoking
- Dress Code
- Gifts and Donations
- Medical Support
- Visitor and Short-term Volunteer
- Activities
- Communication
- Financial Donations
- Media Policy
- Relationships

Minor Participant’s Name: _____

Parent’s/Guardian’s Name: _____

Parent’s/Guardian’s Signature: _____

Date: _____

Version: January 2019

NPH ONEFAMILY PROGRAM
VISITING CHILDREN THAT NPH SUPPORTS IN THEIR FAMILIES

The NPH OneFamily program supports children who have been reintegrated with their families after receiving care from NPH. This effort ensures a long term solution for children and families. NPH provides a unique commitment in ensuring ongoing support so that each child can reach their full potential in their family environment.

Thank you for supporting Nuestros Pequeños Hermanos in creating loving and safe family environments for vulnerable children. NPH appreciates your decision to visit the child who has been given the opportunity to reach his/her unique potential through your support by living with their family in the community.

NPH serves to strengthen families and communities in solidarity with their self-expressed vision for development. All NPH programs align with our mission, vision, principles, and values. Thank you for contributing in this valuable service.

The rights and responsibilities of children always come first. The following principles should guide all NPH staff, volunteers, donors, and visitors in their community interactions:

FAMILIES SHOULD ADVOCATE FOR THE RIGHTS AND RESPONSIBILITIES OF THEIR CHILDREN

Families should feel comfortable in expressing what they believe is right for their children and should feel that their opinion will be respected. Culture, customs, learning, and distinct life experiences inform our beliefs. Families closest to the situation should always be included thoughtfully, sincerely, and meaningfully as part of a family's solution. The earnest desire to understand families' concerns and support them in a way that respects their values, culture, and opinion makes all the difference in finding lasting solutions.

Children should take advantage of every moment in school afforded to them by their supporters. While scheduling visits must avoid taking children out of school, it must also take into account study time, exams, and field trips. Advance notice is required in order to enable NPH to navigate these issues and respect the best interest of the children. Supporters will be provided with regular updates regarding school attendance and progress reports.

FAMILIES DESERVE TO BE TOGETHER

Every effort should be made so that children feel safe and secure. Families should feel at ease about their children's wellbeing. Therefore, NPH provides guardians the opportunity to accompany children in visits to NPH homes. Since families deserve a respectful approach that takes into account their needs, NPH must coordinate a visit with at least two months in advance.

Unemployment rates in the communities served by NPH is extremely high. NPH should never take action that would place the employment of guardians at risk. This could include family members requesting last-minute absences from work, prolonged trips away from work, or multiple absences that convey a lack of commitment.

NPH avoids placing undue burdens on vulnerable families. While NPH encourages family members to accompany their children, they should not feel forced to place other children at risk, or incur undue childcare costs, in order to participate in visits. Families should also not be placed in situations in which they are asked to consistently engage in trips which take them away from their communities.

FAMILIES DESERVE TO THRIVE PEACEFULLY IN THEIR COMMUNITIES

NPH believes in strengthening families and communities by uplifting each individual child. NPH focuses on providing support that respects the integrity and innate abilities of each family. NPH

support should recognize the potential of each individual to participate responsibly in a child's development. Support to children or families should always be coordinated with NPH staff and placed in social and cultural context. While it may be tempting to be generous to children and families with additional gifts or improvements, considerations must be taken to avoid the perception of dependency or that may unduly place families in situations removed from social reality.

In order for NPH to serve communities in solidarity effectively, families must see NPH and its supporters as empowering rather than a vehicle for transporting goods and services that can be taken advantage of. NPH has taken care to establish the appropriate methods of support. Gifts channeled directly to children or families may adversely affect their ability to provide for the child's best interests. Please refer to the Gifts and Donations in the International Visitor Guide for guidance on giving gifts and consult with NPH staff in advance prior to bringing a gift for a child or family.

CHILDREN AND FAMILIES DESERVE RESPECT

Visiting the child you sponsor provides the children and families a tangible experience of solidarity and unconditional support. NPH will coordinate visits in order for sponsors to visit the children they support which take into account the above guiding principles. Visits will always be coordinated so that children visit their sponsors in an agreed upon location, ideally the NPH home.

While sponsors may wish to visit the children in their home environment, NPH does not facilitate visits to family environments. NPH serves in countries where security remains a grave concern. Traveling regularly with foreigners in and out of communities places visitors and NPH staff at risk for their lives. Secondly, children and families should have the right to feel secure and control their family environment. Regular requests by NPH to facilitate visits to their home environment can place undue pressure on families to accept a visit out of concern of risking the ongoing support of their children. **For that reason, NPH does not endorse, facilitate, or approve visits of NPH supporters to children and families' home environments.**



Participant Name: _____
Group Name: _____
Travel Destination: _____
Trip Dates: _____

Minor’s Photograph/Written Submission Consent and Release Form

I am the parent/guardian for the below listed minor trip participant (“minor participant”) and I grant to **NPH USA**, or those acting under its authority, the right and permission to use, reproduce, and incorporate, alone or together with other materials, the minor participant’s image in **NPH USA** marketing materials. These materials may be, but are not expressly limited to, print, electronic, or other media forms and may be used for, but such uses are not expressly limited to, fundraising, advertising, and/or publicity purposes. I agree that all images taken by **NPH USA** and any materials created by or on behalf of **NPH USA** that incorporate the minor participant’s image will be owned by **NPH USA**. I agree that ownership of the aforementioned images and/or materials means that **NPH USA** retains all intellectual property rights associated with such images and/or materials.

Parent’s/Guardian’s Initials: _____

I further grant to **NPH USA**, or those acting under its authority, the right and permission to use, reproduce, and incorporate, alone or together with other materials, the minor participant’s written submission(s) in **NPH USA** marketing materials. I understand that these materials may be in, but are not limited to, print, electronic, or other media forms and may be used for, but such uses are not expressly limited to, fundraising, advertising, and/or publicity purposes. I understand that **NPH USA** may modify or edit the minor participant’s submission as it deems necessary consistent with the **NPH USA**’s purpose in utilizing that submission. I further understand that **NPH USA** may create other works derivative of, or based upon, the minor participant’s submission. By executing this agreement, I agree that any materials created by or on behalf of **NPH USA** that incorporate the minor participant’s submission will be owned by **NPH USA**. I further agree that **NPH USA**’s ownership rights in such submissions means that **NPH USA** retains all intellectual property rights associated with such submissions.

Parent’s/Guardian’s Initials: _____

The minor participant and I hereby waive right to: (1) inspect or approve finished images, materials, or submissions; (2) approve the use to which they may be put; and (3) approve the final product in which they may be used or incorporated.

Parent’s/Guardian’s Initials: _____

The minor participant and I hereby waive and release any claims against **NPH USA** and agree to hold **NPH USA** harmless based on its use of the minor participant’s image or the minor participant’s submission, including, but not limited to, any action that such use constitutes libel, defamation, invasion of privacy, violates his or her right to publicity, violates his or her intellectual property rights, or any other right which I or the minor participant may have arising out of such publication or use of such images, materials, or submissions.

Parent’s/Guardian’s Initials: _____

I acknowledge that I, along with the minor participant, am a beneficiary of **NPH USA's** coordination of trip services and as a result I have executed this agreement in exchange for good and valuable consideration. I understand that this agreement does not obligate **NPH USA** to use the minor participant's image or submission.

Parent's/Guardian's Initials: _____

I hereby warrant that I am of legal age, under no legal disability and have the full right and authority to execute this Photograph/Written Submission Consent and Release Form on behalf of myself and the minor participant.

Minor Participant's Name: _____

Parent's/Guardian's Name: _____

Parent's/Guardian's Signature: _____

Date: _____