

Dietary & Medical Information

Dietary Limitations or Special Requirements

None Vegetarian Gluten-free Other _____

Serious Medical Conditions

None Yes, describe and list any necessary medications _____

Allergies

None Yes, describe _____

Immunizations, such as Hepatitis A, Hepatitis B, Polio, Tetanus, Typhoid, etc., are recommended for travel to Haiti. Additional medical information can be obtained through your physician or a clinic specializing in international travel.

Person To Notify In Case Of Emergency

Name _____ Relationship _____

Address _____

City _____ State _____ Zip Code _____

Telephone _____

Home

Cell

Work

email _____

Beneficiary for Volunteer Insurance Same as Emergency Contact

Name _____ Relationship _____

Address _____

City _____ State _____ Zip Code _____

Telephone _____

Home

Cell

Work

I agree to participate in the upcoming mission trip and release Medical Aid to Haiti, Inc. from any and all expenses and claims arising out or in connection with my trip to the third world.

I understand that this is a voluntary humanitarian project and I am responsible for any and all personal expenses incurred relative to this mission, including but not limited to airfare, room and board, immunizations and other incidental travel costs.

Signature Date

Printed Name