**St. Timothy’s Haiti Mission Trip  
Information Form**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Date of Birth |  |
| Address |  | | |
| Cell Phone |  | Alt. Phone |  |
| Preferred Email |  |  |  |
| Passport No. |  |  |  |

**Emergency Contact**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Relationship |  |
| Cell Phone |  | Alt. Phone |  |
|  |  |  |  |
| Name |  | Relationship |  |
| Cell Phone |  | Alt. Phone |  |

**Medical Information**

Known Health Conditions:

Current Medications/Dosages (*include anti-malarials*):

Medication Allergies:

Other Allergies:

*Remember: Your health is your responsibility, but your health and safety impact every member of the team. We will be obvious foreigners in a very poor country with little medical care and a language barrier. Never go anywhere alone; and inform other team members immediately if you feel unwell; this includes but is not limited to diarreah, fever, dizziness, or other symptoms.*