**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.*