

Haiti180

Emergency Contact/Medical Information

Personal Information

Name (*as it appears on passport*): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone # --Cell: (____) _____ Home: (____) _____

Email: _____

Date of Birth: _____

Do you have a U.S. Passport?: _____

Passport #: _____ Expiration date: _____

Medical and Dietary Information

Do you have any dietary limitations or special requirements? _____

If yes, please describe:

Do you have any medical condition of which Movin' With The Spirit should be aware? _____

If yes, please describe your medical condition:

Any Prescription/Non-prescription drugs presently being taken? Please list:

Please describe any allergies you have (medications, food, etc.):

In Case of an Emergency:

Name : _____

Telephone # --Cell: (____) _____ Home: (____) _____

E-mail: _____

Relationship to you: _____