

Haiti 180

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: _____
****** PASSPORT MUST NOT EXPIRE WITHIN THE 6 MONTHS OF YOUR RETURN TO THE U.S FROM HAITI**

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 Haiti 180 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: _____