



**Haiti Team Registration and Medical Release Form**  
**Trip Dates: April 21-May 1, 2018**

Name\_\_\_\_\_ Gender\_\_\_\_\_

Address\_\_\_\_\_

Home Phone\_\_\_\_\_ Cell Phone\_\_\_\_\_

Date of Birth\_\_\_\_\_ Occupation\_\_\_\_\_

Passport Number\_\_\_\_\_ Passport expiration \_\_\_\_\_

Exact Name on Passport \_\_\_\_\_ Known Traveler # \_\_\_\_\_

Emergency Contact: Name\_\_\_\_\_ Relationship\_\_\_\_\_

Home Phone\_\_\_\_\_ Work Phone\_\_\_\_\_ Cell Phone\_\_\_\_\_

Primary Physician\_\_\_\_\_ Physician Phone\_\_\_\_\_

Please describe your health including any physical or dietary limitations: \_\_\_\_\_

\_\_\_\_\_

Please list any Allergies\_\_\_\_\_

Are you on regular medication or under a doctor's care? \_\_\_\_ Yes \_\_\_\_ No

If yes, please explain\_\_\_\_\_

\_\_\_\_\_

Date of last Tetanus shot\_\_\_\_\_ Blood type\_\_\_\_\_

Date of last Typhoid shot\_\_\_\_\_

Dates of Hepatitis A shots\_\_\_\_\_,\_\_\_\_\_

Dates of Hepatitis B shots\_\_\_\_\_,\_\_\_\_\_,\_\_\_\_\_

Taking Malaria pills for the trip: yes/no

Check any that apply:

\_\_\_\_\_Diabetes      \_\_\_\_\_Heart Trouble      \_\_\_\_\_Pregnant

\_\_\_\_\_Asthma      \_\_\_\_\_Epilepsy      \_\_\_\_\_Bee/wasp reactions

\_\_\_\_\_High Blood Pressure      \_\_\_\_\_Fainting

\_\_\_\_\_Other medical concern:\_\_\_\_\_

Insurance Company\_\_\_\_\_ Phone\_\_\_\_\_

Address\_\_\_\_\_

Policy #\_\_\_\_\_ Group #\_\_\_\_\_

I, \_\_\_\_\_, hereby authorize the leadership of the SidebySide For Christ, Inc. to make essential decisions on my behalf or on behalf of my child (child's name)\_\_\_\_\_with respect to medical treatment, emergency surgery or hospitalization should such become necessary and I am unable to speak for myself.

Date\_\_\_\_\_

Parent/Guardian Signature\_\_\_\_\_