



**HAITI - MINOR FORM
14-17 Years Old
PARENT ON TRIP**

All forms need to be submitted 30 days before trip date. (All information to be kept in separate, confidential file)

Dates of Trip: _____ Is this your first trip with Project H.O.P.E.? Yes No

Team Name: _____ Body Weight for MFI: _____

Name: (as it appears on passport) _____

Name: (for name tag purposes) _____ T-Shirt size: _____

Return Trip Covid Testing: (for logistic purposes per US regulations for international travel)

24hr Covid Test(Unvaccinated): _____ 72hr Covid Test (Vaccinated): _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Passport Number: _____

Phone Number: _____

Traveler's E-Mail: _____ Blood Type: _____

Emergency Contact: _____

Relationship: _____ Phone: _____

Emergency Contact: _____

Relationship: _____ Phone: _____

Allergies (food, medicine, etc.): _____

Medication (name, dosage, times, etc.): _____

Physical limitations or other medical information that would be helpful: _____

(Use back for additional information)

Primary Medical Insurance

Insurance company: _____

Policy or ID number: _____

Name of primary insured: _____

Insurance contact number(s): _____

International Insurance

For your convenience, Project H.O.P.E., Inc. will secure international insurance for you on your upcoming project. The cost of the insurance is included in the price of your trip. The coverage amounts to \$500,000 maximum benefit with a \$100 deductible. (Detailed information about the policy can be found on our website at www.pjhope.org).

Please provide the following information:

Age at time of trip: _____ Insurance effective: (trip dates) _____ to _____
mm/dd/yy mm/dd/yy