



**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: \_\_\_\_\_

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](http://www.pjhope.org)).

Please provide the following information:

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