

The Road to Hope: Medical Disclosure

To be filled out by ALL trip participants. One per participant

This form is REQUIRED for participation for travel with The Road to Hope and will take 15 - 20 minutes to complete. Please have the following prepared/close by:

- Emergency contact
- Medication and allergy information
- Trip insurance information
- Health Insurance information
- Medical Release and Hold Harmless Form * You'll submit your PDF signed Medical Release and Hold Harmless Form, so please keep it handy for upload. You will need to ensure that The Road to Hope receives this completed form with all the required signatures.

This form is required at least two weeks before travel with Road to Hope

* Required

Participant Information

1. **First Name ***

2. **Last Name ***

3. **Birthdate ***

Example: December 15, 2012

4. **Travel Dates ***

Emergency Contact

Will be used in the case of an emergency.

5. **Emergency Contact #1 Full Name ***

6. **Contact #1 Cell Phone ***

7. **Contact #1 Home Phone**

8. **Contact #1 Work Phone:**

9. **Contact #1 Address (street, city, state, zip):**

10. **Contact #1 Email: ***

11. **Contact #2 Full Name:**

12. **Contact #2 Cell Phone:**

13. **Contact #2 Home Phone:**

14. **Contact #2 Work Phone:**

15. **Contact #2 Address (street, city, state, zip):**

16. **Contact #2 Email:**

Medications and Allergies

This section will be used to assist the participant in remaining healthy for the duration of their program and will be reviewed by leadership. Please be thorough and specific in this section. Withholding information in this section is grounds for immediate dismissal from a program.

Please review TSA's guide for traveling with prescriptions: <http://traveltips.usatoday.com/tsa-carryon-rules-prescription-drugs-61960.html> (please change this to tiny url)

17. **Prescription medication you will be taking on the trip (indicate the purpose and dosage)**

18. Please list all foods or medications the participant has an allergy to or do not want to be administered. If an allergy, please provide the expected reaction and medication. We'll do our best to accommodate your needs and allergies but please note it's your responsibility to take care of yourself.

Travel Clinic and Vaccines

Road to Hope requires travelers to visit a Travel Clinic in their area. Generally, medications and vaccinations are recommended by the Travel Clinic, but Road to Hope does not require them. Participants need to take responsibility for Travel Clinic appointments and prescriptions.

The Denver Public Health Travel Clinic can be accessed here: <http://denverpublichealth.org/home/clinics-and-services/travel-clinic>.

Passport Health Provides Clinics Nationwide: <https://www.passporthealthusa.com/>

For a list of CDC recommended vaccines for Haiti:
<https://wwwnc.cdc.gov/travel/destinations/traveler/none/haiti>

19. I acknowledge that Road to Hope has informed me that I need to visit a travel clinic (type your name below to confirm) *

Trip Insurance

All program participants are required to purchase trip insurance. The Road to Hope's preferred travel insurance company can be found at: <https://triparmor.tripassure.com/main/>

20. Policy Holder's Name:

21. Insurance Company:

22. Enrollment ID:

23. Plan/Policy #: *

Medical Release and Hold Harmless Form

Please upload a PDF signed copy of the required medical release and and hold harmless form

24. (Required)

Files submitted:

Signature

My/our signature represents that all information on these forms is true and correct to the best of my/our information.

25. Signature of Participant *

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