

EMERGENCY AND HEALTH INFORMATION

NAME: _____ **PHONE** _____

I. In case of emergency, please contact (be sure this person is Stateside while you are in Ghana):

Name: _____ **Relationship:** _____

Phone: _____ **(h)** _____ **(w)** _____ **(c)**

II. Does your insurance cover emergencies abroad? ____ If no, please consider buying travel insurance.

III. Are there any health/lifestyle considerations that we need to know? Please specify each:

a) Food

b) Medical

c) Allergies: Please list all (food, seasonal and other) allergies. Be sure to check with your doctor that there are no interactions between your regular medications and the anti-malarial tablets that you will be taking.

d) How is your general health and well-being? Check all that apply, please:

- Sensitivity to heat or humidity
- Unable to walk for 20-30 mins.
- Stomach sensitivity
- Prone to dehydration
- I am OK with Nescafé instead of regular coffee

Anything else we should know about you?

I, _____ certify that all the information provided is true and correct to the best of my knowledge. Should any information contained herein change, I understand that it is my responsibility to inform the Trip Leaders immediately.

Signature of participant

Date

**** If under 18 years, please have parent/guardian sign here:**

Name

Relationship

Signature

Date