



**Sister Parish, Inc/ Iglesias Hermanas
Health Information Form for Delegates**

www.sisterparish.org

Name of Church _____ Destination: _____

Full Name _____

NOTE: Must match name on passport

Permanent Address (Street or P.O. Box) _____

City: _____ State: _____ Zip Code: _____

Home Phone (____) _____ Work/Day Phone (____) _____

E-Mail: _____ Fax: (____) _____

Temporary Address (Street Or P.O. Box): _____

(If applicable)

City: _____ State: _____ Zip Code: _____

Phone (____) _____ Temporary address effective _____ to _____

Personal Information:

Gender: ___ Female ___ Male

Birth date: MONTH: _____ Day: ___ Year: _____

Profession or education: _____

Do you speak any Spanish: ___ Yes ___ No

IF YES, ___ Very Well ___ Fairly Well ___ A Little

Passport and Visa Information:

Are you a citizen of the United States? ___ Yes ___ No

If NOT a U.S. Citizen, will you secure necessary documents for travel to Central American countries included in group itinerary and to RETURN to U.S. ___ Yes ___ No

Proof of Citizenship: Passport # _____ (Required for Guatemala, El Salvador)

Health Information:

Are you a strict vegetarian?: ___ Yes ___ No

Can you eat eggs and beans? ___ Yes ___ No

Note: It is very difficult for Central Americans to understand an option not to eat meat, since they eat it so rarely. Please be prepared to be offered meat or broth, even though staff will explain that you don't eat it. There may be few options for food though.

Do you have any food allergies or special food needs? (i.e. allergies to peanuts, flour, eggs, or do you have a medical condition that would require a strict diet of low fat, low salt, low sugar, low carbohydrates, etc.) In some cases, a strict diet may be very hard to follow in the community due to limited food options. Is that ok for a few days? **Please explain below.**

Please describe any medical or emotional conditions or physical limitations that the delegation leaders should be aware of: (i.e. Can you walk unassisted for up to 30 minutes, are you on a strict schedule for taking medications, do you suffer from anxiety attacks, etc., do you have severe travel sickness, do you suffer from seizures, do you have any severe allergies that may require immediate medical attention?)

List any moderate to severe allergies that you have, including **medications** to which you are allergic, allergies to animals, food allergies, etc.:

List ALL MEDICATIONS that you are taking (include dose and frequency of administration):

Is there any other information that staff should know? Explain below.

Permissions

Do your church and Sister Parish have permission to publish **photos** of you participating the delegation?

_____ Yes _____ No _____ Depends, let's talk about it as a group

We add delegates to our mailing list and e-news, but you can unsubscribe anytime or opt out here.

Please do NOT add me to your: _____ Mailing list _____ E-news

Emergency Contacts

List two people (not participants) we can contact in the event of an emergency.

Name	Relationship	
Address		
City	State	Zip
Home Phone	Work Phone	

Name	Relationship	
Address		
City	State	Zip
Home Phone	Work Phone	

Please mail this form to the U.S. office or scan and email it to your delegation coordinator at least 3 weeks prior to travel. We also recommend that you bring a photocopy of this form with you on your delegation.

U.S. Administrative Office

PO Box 100
Newtown, CT 06470

Phone: (612) 326-4361
Email: usoffice@sisterparish.org