



Registration Form

Name: _____

Date of birth: _____
(as it appears on your passport)

Passport Number: _____

Expiration Date: _____
(Passports cannot be within six months of expiring to travel in Rwanda)

Student email: _____

Student cell phone: _____

Home Address: _____

City: _____

State: _____ Zip: _____

Home phone: _____

Mother name: _____

Cell Phone: _____

Mother email: _____

Father name: _____

Cell phone: _____

Father email: _____

In case of emergency and parents cannot be reached, please notify:

Alternate contact name: _____

Relationship: _____

Contact phone: _____



Name: _____

General Health Information

Please list any allergies, especially those to FOODS, INSECT BITES/STINGS, PLANTS OR MEDICATIONS, including PENICILLIN. Be specific, listing any medications used for their treatment.

Participants with EpiPens should bring them and notify chaperones.

Is the participant taking any medication regularly? Circle one: Yes No

If yes, please list all regular medications, their purpose and dosage.

Medication	Purpose	Dosage

Date of last tetanus shot: _____