

MISSIONHAITI
M E D I C A L



BUILDING QUALITY HEALTHCARE

Saintard, Haiti + surrounding communities

MissionHaitiMedical.org

Medical Clinic Kit
forms + applications



TRIP DATE _____ GROUP NAME _____

NAME _____ DATE OF BIRTH _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

EMAIL _____

PHONE _____ MOBILE _____ FAX _____

AMERICAN AIRLINES ADVANTAGE NUMBER (if applicable) _____
Business ExtrAA Number: 850312

PASSPORT NUMBER _____

CONTACT PERSON IN THE U.S. _____

CONTACT PERSON PHONE _____

BENEFICIARY (for travel insurance) _____

Please list any medications you are taking, allergies, medical or physical problems that we should be aware of:

TRIP FEE

\$600 + COST OF HOTEL and FLIGHT*

**Includes travel expenses, food, airfare, baggage fees and accommodations in Haiti. Price is based on the average expenses of a typical short-term mission trip. On the rare occasion that individual trip costs are below average, any unused portion of the fee will be put into the general fund of MHM to be used for the standard operating costs of the clinic in Saintard. If there is a minor overage in the cost of an individual trip and the fee falls short of covering total expenses of that trip, MHM will cover any minor overage and no added fees for the participant. Major overages, exceeding \$100, will be at the expense of the participant.*

\$100-150 spending money

PAYMENT SCHEDULE

If you book your tickets through American Airlines, please add the following Business ExtrAA number to your flight documents: 850312. This benefits future travel possibilities for Mission Haiti Medical.

\$100

Non-refundable deposit due 6 months prior departure

Remaining Trip Cost

Due 6 weeks prior to departure

Please make checks payable to
Mission Haiti Medical

PLEASE PRINT, FILL OUT, AND MAIL FORM TO
P.O. Box 2252
Anderson, IN 46018

I understand that certain risks are involved with air and ground travel both in the United States and in foreign countries. With this in mind, I also understand that Mission Haiti Medical, Inc. leaders will do everything possible to make my experience as safe and rewarding as possible.

I _____ (volunteer's name) release Mission Haiti Medical, Inc. and its principles from any legal action initiated on my behalf due to any activity regarding its mission work in the country of Haiti or travel to and from Haiti.

I understand that there are elements of danger while visiting a foreign country, especially in Haiti where there are frequent political problems. Other dangers include travel in country by local taxi, bus and privately owned vehicles.

Most work sites are primitive and are unlikely to meet OSHA regulations. Many times sleeping and eating conditions are also primitive. I understand that Mission Haiti Medical, Inc. will make every effort to provide at least the basic necessities for all trip participants while in Haiti.

I am satisfied that the mission experience has been explained to me and/or my legal guardian and we understand we are accepting the provisions and conditions in this document.

I will abide by the rules and guidelines established by Mission Haiti Medical, Inc. while on the mission trip and follow the instructions of the mission leaders. Mission Haiti Medical, Inc. will not be held liable for items lost, stolen or damaged while on the mission trip.

Volunteer _____ Date _____

Parent or Legal Guardian _____ Date _____

Witness Name (print) _____

Witness Signature _____ Date _____

I will...

Honor Jesus Christ in all I say and do.

Bring an attitude of servant hood towards other trip members and to the Haitian people we are there to serve.

Maintain an optimistic attitude and refrain from negativism and complaining.

Honor and respect the way the Haitians worship and live.

Show respect to Mission Haiti Medical's methods as they have had a presence in Saintard since 1993. They have a relationship with the community and understand the culture and may do things differently than what I may perceive as normal.

Abstain from smoking or use of tobacco products on the trip.

Abstain from drinking of alcohol or purchasing of alcohol on the trip.

Abstain from use of illegal drugs or purchase of illegal drugs on the trip. *This rule is especially important. Use or purchase of illegal drugs in Haiti could lead to imprisonment in a Haitian prison, and could also endanger all members of the group. Infraction of this rule will result in an immediate return to the United States at the trip participant's cost.*

Abstain from the use of inappropriate language and swearing at all times. *Remember, you are an ambassador of Christ and are representing Christians from the USA.*

Show respect to those who are leading the group and support them in prayer.

Only use my cell phone for emergency purposes while in Haiti. Use of computers will be only during free time. Internet will need to be provided by each person.

Understand that electric hair dryers are not allowed, as they have a large electricity demand.

Support harmony with the group, hosts, and all Haitians with whom we are working and serving.

Be sensitive to the Haitian culture, realizing that our Western ways are not the answer to everything.

Printed Name _____

Signature _____ Date _____

My signature means I agree to follow the above.

TIME PRIOR TO LEAVING	PREPARATION
7 MONTHS	Get first Hepatitis A and B shot (Hepatitis B is a three series shot: at 0, 1, and 6 months; Hepatitis A is a two series shot: at 0 and 6-12 months [for adults]. At least the first Hep A and the first 2 Hep B shots should be done at least 2 weeks before the trip; check typhoid and tetanus vaccine statuses with your physician.
6 MONTHS	Get 2nd Hepatitis B shot
6 MONTHS	\$100 (minimum) deposit due for trip fee.
6 MONTHS	Apply for passport (if needed).
6 WEEKS	Balance due for trip fee.
1 MONTH	Get 2nd Hepatitis A shot, get 3rd Hepatitis B shot, get tetanus booster (if needed-check with your physician)