

Project Hawai'i

Statement of Insurance

Participants Name: _____

We certify that the following insurance policy will be in effect for the duration of Project Hawai'i specified dates to be set on or before the selected tour starting and including the pre-tour departure from our home to the state of Hawai'i and throughout the departure date until the teen arrives back home.

MEDICAL INSURANCE: (please attach two copies of the card/policy below)

COMPANY: _____ **POLICY #** _____

Complete Address: _____

(800) PHONE: _____

Participants Doctors Name and Phone #

DENTAL INSURANCE: (please attach two copies of the card/policy below)

COMPANY: _____ **POLICY #** _____

Complete Address: _____

(800) PHONE: _____

Participants Dentist Name and Phone #

TRAVEL INSURANCE/TRIP CANCELATION: (please attach copies required for teens submission that might be needed while in our care)

Company _____ Policy # _____

Complete Address: _____

PHONE: _____

(ATTACH THE COPIES BELOW)

Medical Insurance copy

Dental Insurance copy

Project Hawai'i

Medical Permission Slip

This form is to be used in case of emergency. Please PRINT CLEARLY all information required for emergency personnel to read.

PARTICIPANTS NAME: _____
 Parent(s)/Guardian(s) Name: _____ / _____
 Emergency Contact Phone(s) _____ / _____

My teen takes the following medications on a regular basis or has been prescribed the following medications to be taken/administered during the tour dates:

 Reasons for the medication(s): _____

My teen usually takes the following over-the-counter medications for the following. I give permission to staff, to administer, any and all the list without my prior notification as designated on the label.
 (please list two different options for each if possible as some medications are not available on the islands regularly)

Symptom	Preferred Medication	Alternative Medication
Headache		
Stomachache		
Cold or Flu		
Cough		
Fever		
Body-aches		
Sore Throat		
Other?		

My child is ALLERGIC to the following medications:

1. _____
2. _____
3. _____

Parents Signature: _____ Date: _____