

Emergency Contact Information Sheet

THIS FORM

is intended to enable someone to effectively provide as much assistance as possible in case of an emergency, primarily one of a medical nature. Please take a few minutes and fill out this form as thoroughly as you can. This is strictly voluntary and you are not required to give out any information you do not feel comfortable divulging. We strongly encourage participants on all of our trips to fill this form out and keep it with them at all times. We also recommend that you make a copy of this form and keep it in a conspicuous place in your luggage. It would also be very helpful if the person traveling with you (your roommate) was aware of where you keep this information, in case they are with you when an emergency occurs. We would also suggest leaving a copy of this information with the person you designate as your primary emergency contact.

PRIMARY EMERGENCY CONTACT

NAME _____

HOME PHONE _____

WORK PHONE _____

MOBILE PHONE _____

FAX _____

E-MAIL _____

RELATIONSHIP _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

YOUR INFORMATION

YOUR NAME _____

PERSON TRAVELING WITH YOU _____

ALLERGIES _____

BLOOD TYPE _____

MEDICATIONS YOU TAKE, DOSAGES: _____

OTHER SPECIAL CONSIDERATIONS: _____

SECONDARY EMERGENCY CONTACT

NAME _____

HOME PHONE _____

WORK PHONE _____

MOBILE PHONE _____

FAX _____

E-MAIL _____

RELATIONSHIP _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

PRIMARY CARE PHYSICIAN

NAME _____

PHONE _____

FAX _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____
