



Emergency Contact Form

Tour Name:	Tour start date:
------------	------------------

Traveler Contact Information

First Name:	Last Name:
Home Phone:	Cell Phone:
Business Phone:	Email:

In the Event of an Emergency Contact

Name:	Relationship:
Home Phone:	Cell Phone:
Business Phone:	Email:

OR

Name:	Relationship:
Home Phone:	Cell Phone:
Business Phone:	Email:

Medical Insurance Information

Company:	Policy #:
Phone:	Misc:

Doctor and Medical Records

Doctor's Name:	Phone:
Fax:	Email:

Check box if you have a pacemaker (for non-magnetic name badge)

Describe any Health Conditions, Medications, Allergies Etc

--