

# Corporate Traveler Emergency Contact Sheet

*Instructions: Please fill out this sheet and keep a printed copy in your carry-on luggage and a digital copy accessible offline.*

## 1. Traveler Information

Full Name (as it appears on passport):

Employee ID:

Department / Division:

Mobile Phone Number:

Corporate Email Address:

Passport Number & Issuing Country:

## 2. Primary Emergency Contact

Contact Name:

Relationship to Traveler:

Phone Number (Primary):

Phone Number (Alternative):

Email Address:

## 3. Secondary Emergency Contact

Contact Name:

Relationship to Traveler:

Phone Number:

Email Address:

## 4. Corporate & Travel Provider Contacts

Corporate Travel Department Phone:

Travel Agency / Duty of Care Hotline:

Travel Insurance Provider:

Policy / Group Number:

Insurance Emergency Assistance Phone:

## **5. Medical Information (Optional)**

Blood Type:

Known Allergies (Food, Drug, Insect):

Critical Medical Conditions:

Current Daily Medications: