

Hotel Guest Emergency Contact Form

Please complete this form during check-in. This information is strictly confidential and will only be used in the event of an emergency.

1. Guest Information

Guest Full Name:

Room Number:

Guest Phone Number:

Arrival Date: Departure Date:

2. Primary Emergency Contact

Contact Full Name:

Relationship to Guest:

Primary Phone Number:

Alternate Phone Number:

Email Address:

3. Secondary Emergency Contact (Optional)

Contact Full Name:

Relationship to Guest:

Phone Number:

4. Critical Medical Information (Optional)

Please list any medical conditions, severe allergies, or medical requirements emergency responders should be aware of:

Allergies:

Medical Conditions / Medications:

5. Authorization & Signature

I authorize the hotel staff to contact the individuals listed above and share necessary medical details with first responders in the event of an emergency.

Guest Signature:

Date: