

Family Travel Emergency Information Form

Complete this form, print multiple copies, and keep them in your travel documents. Also, leave a copy with an emergency contact at home.

1. Trip Details

Primary Destination(s):

Departure Date:

Return Date:

2. Family Members Traveling

Full Name	Date of Birth	Passport Number	Medical Conditions / Allergies
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

3. Emergency Contacts (At Home)

Primary Contact: Name:

Relationship:

Phone Number:

Secondary Contact: Name:

Relationship:

Phone Number:

4. Travel Insurance Information

Insurance Provider:

Policy Number:

Provider Phone (International):

5. Local Emergency Services at Destination

Local Police Phone:

Local Medical/Ambulance Phone:

Nearest Embassy/Consulate:

Embassy Phone:

6. Lodging Information

Hotel/Accommodation Name:

Hotel Address:

Hotel Phone: