

Senior Citizen Travel Emergency Contact Form

Please fill out this form in block letters. Keep a copy with your travel documents and provide a copy to your emergency contacts.

1. Senior Traveler Information

Full Name:

Date of Birth (DD/MM/YYYY):

Phone Number:

Home Address:

Passport / ID Number:

2. Travel Details

Primary Destination:

Departure Date:

Return Date:

Travel Insurance Provider:

Insurance Policy Number:

3. Medical Information

Blood Type:

Medical Conditions / Illnesses:

Allergies (Food, Drug, Environmental):

Current Medications:

4. Primary Emergency Contact

Contact Name:

Relationship to Traveler:

Primary Phone Number:

Alternative Phone Number:

Email Address:

5. Secondary Emergency Contact

Contact Name:

Relationship to Traveler:

Primary Phone Number:

Alternative Phone Number:

Email Address:

6. Authorization and Signature

In the event of an emergency, I authorize the release of the medical and contact information on this form to medical personnel.

Signature of Traveler (or Guardian):

Date Signed: