

Adventure Travel Emergency Contact Form

Please complete this form in print. Keep one copy with your travel documents, leave one copy with your emergency contact at home, and provide one copy to your tour leader.

1. Traveler Information

Full Name (as it appears on passport):

Date of Birth (DD/MM/YYYY):

Passport Number & Country of Issue:

Trip Destination(s) & Route:

Departure & Return Dates:

2. Primary Emergency Contact (Home Country)

Full Name:

Relationship to Traveler:

Primary Phone Number (including country code):

Alternative Phone Number:

Email Address:

Physical Address:

3. Secondary Emergency Contact

Full Name:

Relationship to Traveler:

Phone Number (including country code):

Email Address:

4. Medical & Travel Insurance Information

Travel Insurance Provider:

Policy/Certificate Number:

24-Hour Emergency Assistance Phone Number:

Blood Type:

Pre-existing Medical Conditions:

Allergies (Food, Medication, Environmental):

Current Medications:

5. Traveler Signature

Signature (for printed copy):

Date: