

Road Trip Emergency Information Form

Instructions: Fill out this form and keep a printed copy in your vehicle's glove compartment during your trip.

1. Trip & Itinerary Details

Departure Point:

Final Destination:

Planned Route / Major Highways:

Departure Date and Time:

Estimated Return Date and Time:

2. Vehicle Information

Vehicle Make and Model: Year:

Color: License Plate & State:

Insurance Provider: Policy Number:

Roadside Assistance Number: Member ID:

3. Traveler Information

Driver

Full Name:

Cell Phone:

Medical Conditions / Allergies:

Passenger 1

Full Name:

Cell Phone:

Medical Conditions / Allergies:

Passenger 2

Full Name:

Cell Phone:

Medical Conditions / Allergies:

4. Emergency Contacts (Not Traveling With You)

Primary Emergency Contact

Full Name:

Relationship:

Phone Number:

Secondary Emergency Contact

Full Name:

Relationship:

Phone Number: