

Cruise Passenger Emergency Contact Template

Instructions: Please complete this form prior to departure. Keep one copy in your carry-on luggage, leave one copy with a family member or friend on land, and keep one copy in your stateroom.

1. Passenger Information

Passenger Full Name:

Cruise Line: Ship Name:

Stateroom/Cabin Number:

Departure Date (MM/DD/YYYY): Return Date (MM/DD/YYYY):

Departure Port: Destination/Itinerary:

2. Primary Emergency Contact (On Land)

Contact Full Name:

Relationship to Passenger:

Primary Phone Number: Alternative Phone Number:

Email Address:

Home Address:

3. Secondary Emergency Contact (On Land)

Contact Full Name:

Relationship to Passenger:

Primary Phone Number: Email Address:

4. Medical & Travel Insurance Information

Travel Insurance Provider:

Policy / Certificate Number: Insurance Phone Number:

Primary Care Physician Name: Physician Phone:

Blood Type:

Known Allergies (Food, Medication, Environmental):

Critical Medical Conditions / Medications: