

# Solo Traveler Emergency Medical Consent Form

This document is intended for solo travelers to carry on their person. In the event of a medical emergency where the traveler is incapacitated or unable to make decisions, this form provides vital medical information and consent for emergency medical treatment.

## 1. Traveler Information

Full Legal Name:

Date of Birth:

Nationality:

Passport Number:

Primary Language Spoken:

## 2. Emergency Contact Information

### Primary Emergency Contact

Name:

Relationship:

Phone Number (with Country Code):

Email Address:

### Secondary Emergency Contact

Name:

Relationship:

Phone Number (with Country Code):

Email Address:

## 3. Medical History & Information

Blood Type:

Known Allergies (Food, Drug, Environmental):

Current Medical Conditions:

Current Medications & Dosages:

## 4. Travel Health Insurance Information

Insurance Provider:

Policy / Member ID Number:

Group Number:

24/7 Emergency Assistance Phone Number:

## 5. Authorization & Medical Consent

I, the undersigned, hereby authorize any licensed medical professional, hospital, or clinic to administer necessary emergency medical treatment, including but not limited to diagnostic procedures, anesthesia, surgery, blood transfusions, and medication, in the event that I am incapacitated or unable to communicate my consent due to illness or injury during my travels.

I agree to assume full financial responsibility for all medical services and treatments rendered, including any emergency medical evacuation expenses, to the extent not covered by my travel health insurance.

Traveler Signature (Sign after printing):

Date Signed: