

EMERGENCY INFORMATION REQUIRED



NAME: _____

First

Last

TOUR: _____

Age _____

IF applicable:

Global Entry # _____ TSA # _____ Frequent Flier/Air Miles # _____

US Emergency contact _____ Relation _____ Phone _____

US Physician _____ Phone _____

Insurance Company _____ Group No. _____ ID No. _____

Claims Mailing Address: _____

Claims Questions Call _____

Circle one-I am the: **INSURED** **DEPENDENT** If a Dependent, insured's name/ relation here: _____

MEDICATION / Strength /DOSAGE

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

FOOD / DRUG ALLERGIES

_____	_____
_____	_____
_____	_____

MEDICAL INFORMATION THAT WOULD BE IMPORTANT IN CASE OF EMERGENCY (prior surgeries, medical conditions, etc.)

