



Emergency Information Pre-Tour Questionnaire

(Please complete as much as you feel comfortable with. This information will be privacy protected and used in the case of emergencies only.)

Your Name: _____ E-Mail Address: _____

Your Nationality: _____ Passport Number: _____

Emergency Contact: _____ Contact's Phone (w country code): _____

Contact's Language: _____ Contact's E-Mail: _____

Do you have travel insurance that covers medical care?: Yes No

If Yes, Company/Policy Number: _____

Do you have any known allergies: Yes No If Yes, what?: _____

Do you have any known medical issues: Yes No If Yes, what?: _____

Do you take any medications that may need to be administered to you in case you are incapacitated?:

Yes No If Yes, name and dosage: _____

Number of Adults traveling with you: _____ Number of Children traveling with you: _____

Dietary Restrictions: Vegetarian Vegan Gluten-Free Dairy-Free Other _____

Other Special Considerations:

Date Signed: _____ Date of Tour: _____

Signed: _____