

PANHANDLE SENIOR TRAVELERS

Emergency Information

This information form will be folded, stapled closed, and sealed in a folder to protect your privacy. It will only be opened by the Tour Escort, an assistant, and/or medical personnel in case of emergency. If requested, it will be returned to you at the termination of this trip.

NAME _____ DATE _____
ADDRESS _____ D.O.B. _____

In case of emergency, please notify

1. Name	_____	Relationship	_____
Cell Phone	_____	Other Phone	_____
2. Name	_____	Relationship	_____
Cell Phone	_____	Other Phone	_____

Allergies _____

Current Medications _____

Current Medical/Surgical Conditions _____

I choose not to respond to the medical questions _____ Date _____

Personal Physician

Name _____ Phone _____
Address _____

In the event of a medical emergency during this trip, I authorize our Tour Leaders to seek medical assistance for which in his/her best judgment is appropriate. I agree not to hold our Tour Leaders or Panhandle Senior Travelers liable for any act of commission or omission by them in seeking medical assistance for me.

Signature of Traveler _____ Date _____