

Health Information Sheet

Your name: _____
Your address: _____

Your home phone: _____ Cell: _____

Health Insurance Company: _____ Insurance #: _____

Your Primary Doctor's Name: _____

Phone number: _____

Please list any medications you will be taking with you on the trip:

In case of Emergency: _____

Please contact: Name: _____

Relationship to you: _____

Phone: _____

Other phone: _____

Special Diet Concerns (we need to be aware of):

Any other information we should know before departure?