

EMERGENCY Medical Support Information

Name:	
Telephone:	Home: Cell:
Emerg Contact:	
Relationship:	
Contact Telephone:	Home: Cell:
Doctor's Name, Telephone Number and Location:	
Health Card #:	
Medical Concerns:	
Drug Allergies	
Current Medications & Dosage	

Please complete and keep this form handy (preferably in a red envelop in your bag). It will be retrieved only in case of emergency. It is recommended this be a permanent part of your travel documentation. IF there is anything else responders should know, please put on back.