



EMERGENCY INFORMATION FORM

****Public Day Trips****

One Form per Household *(Please Print Clearly)*

PLEASE PRESENT THIS TO YOUR DRIVER/ESCORT ON MORNING OF DEPARTURE

Tour Guest Name: _____ Seat # _____

Tour Guest Name: _____ Seat # _____

Tour Guest Name: _____ Seat # _____

Tour Guest Name: _____ Seat # _____

List additional names here: _____

Lead Tour Guest's Street Address: _____

City: _____ State: _____ Zip: _____

E-mail: _____

Home Phone #: _____

Cell (or Alternate) Phone #: _____

INFORMATION THAT WOULD BE HELPFUL IN CASE OF EMERGENCY *(Use reverse side if necessary)*

List & explain *(for each person traveling with you)*:

Do you take any medication(s) on a regular basis? _____

Please note any special allergies or other pertinent medical information in case of emergency: _____

IN CASE OF AN EMERGENCY PLEASE NOTIFY:

Name: _____

Cell #: _____