EMERGENCY INFORMATION REPORT

PERSONAL

LAST NAME:	FIRST NAME:	MIDDLE NAME:	OTHER (maiden, nickname, etc.):
CITIZENSHIP:	IDENTIFICATION NUMBER:	PASSPORT NUMBER:	DRIVERS LICENSE:	OTHER:

GENDER:	DATE OF BIRTH:	HEIGHT:	WEIGHT:	HAIR COLOR:	EYE COLOR:	ETHNIC GROUP:
Select...		in.	lbs.	Select...	Select...	Select...

IDENTIFYING MARKS/SCARS/TATTOOS:

ADDRESS:	CITY:	STATE:	POSTCODE:	COUNTRY:

PRIMARY EMAIL:	ALTERNATE EMAIL:	PRIMARY PHONE: TEXT MSG YES ☐ NO ☐	ALTERNATE PHONE: TEXT MSG YES ☐ NO ☐

PRIMARY LANGUAGE:	OTHER LANGUAGES:	RELIGIOUS PREFERENCE:

MEDICAL

LIFE THREATENING CONDITIONS:

BLOOD TYPE: Select... ALLERGIES:

CONDITIONS:

IMPLANTED DEVICES:	MEDICAL AIDS:

DNR YES ☐ NO ☐	LOCATION:	LIVING WILL YES ☐ NO ☐	LOCATION:	ORGAN DONOR YES ☐ NO ☐

MEDICATIONS

NAME:	DOSE:	SCHEDULE:	REASON:

INSURANCE

PROVIDER:	POLICY NUMBER:	TELEPHONE:
PROVIDER:	POLICY NUMBER:	TELEPHONE:
PROVIDER:	POLICY NUMBER:	TELEPHONE:

CONTACTS

PREFERRED HOSPITAL:	ADDRESS:	PHONE:

DOCTOR:	PHONE:	EMAIL:
DENTIST:	PHONE:	EMAIL:
SPECIALIST:	PHONE:	EMAIL:
PEDIATRICIAN:	PHONE:	EMAIL:
PHARMACIST:	PHONE:	EMAIL:
OTHER:	PHONE:	EMAIL:

VACCINES & PREVENTATIVE MEDICATIONS

Influenza	YES ☐ NO ☐	DATE:	Chickenpox	YES ☐ NO ☐	DATE:
Td/Tdap	YES ☐ NO ☐	DATE:	Cholera	YES ☐ NO ☐	DATE:
MMR	YES ☐ NO ☐	DATE:	Japanese encephalitis	YES ☐ NO ☐	DATE:
VAR	YES ☐ NO ☐	DATE:	Plague	YES ☐ NO ☐	DATE:
HZV	YES ☐ NO ☐	DATE:	Polio	YES ☐ NO ☐	DATE:
HPV	YES ☐ NO ☐	DATE:	Rabies	YES ☐ NO ☐	DATE:
PCV13	YES ☐ NO ☐	DATE:	TBE	YES ☐ NO ☐	DATE:
PPSV23	YES ☐ NO ☐	DATE:	TB	YES ☐ NO ☐	DATE:
HepA	YES ☐ NO ☐	DATE:	Typhoid fever	YES ☐ NO ☐	DATE:
HepB	YES ☐ NO ☐	DATE:	Yellow fever	YES ☐ NO ☐	DATE:
MenACWY or MPSV4	YES ☐ NO ☐	DATE:	Malaria prophylaxis	YES ☐ NO ☐	DATE:
MenB	YES ☐ NO ☐	DATE:		YES ☐ NO ☐	DATE:
Hib	YES ☐ NO ☐	DATE:		YES ☐ NO ☐	DATE:

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EMERGENCY CONTACTS

NEXT OF KIN/PARTNER/SPOUSE		EMERGENCY CONTACT NO. 1		EMERGENCY CONTACT NO. 2	
NAME:		NAME:		NAME:	
ADDRESS:		ADDRESS:		ADDRESS:	
CITY:		CITY:		CITY:	
STATE:	POSTCODE:	STATE:	POSTCODE:	STATE:	POSTCODE:
TELEPHONE:		TELEPHONE:		TELEPHONE:	
EMAIL:		EMAIL:		EMAIL:	
RELATION:		RELATION:		RELATION:	

CHILDREN

NAME:	DOB:	ID NUMBER:	PHONE:	EMAIL:	IMPORTANT INFORMATION:

SPECIAL FAMILY SITUATIONS (special handling considerations for children, custody, parents, friends, etc.):

WORK		OTHER (friends, neighbors, etc. who may be able to provide help or information)			
COMPANY:		NAME:	RELATION:	PHONE:	EMAIL:
ADDRESS:					
MANAGER:	PHONE:				

PROFESSIONAL CONTACTS (attorneys, accountants, business partners, etc.)

NAME:	TITLE:	PHONE:	EMAIL:	ADDITIONAL INFORMATION:

HOME

ADDRESS:	CITY:	STATE:	POSTCODE:	COUNTRY:
ALARM YES ☐ NO ☐	COMPANY:	PHONE:	CODE WORD:	

UTILITIES

COMPANY	PHONE	ACCOUNT	SHUTOFF LOCATION
ELECTRICITY:			
GAS:			
WATER:			
SEWER:			
OTHER:			
OTHER:			

SPECIAL INSTRUCTIONS:

PETS

VET:	PHONE:	EMAIL:

NAME:	TYPE:	MEDICATIONS:
CHIP: YES ☐ NO ☐ NUMBER:	SPECIAL INSTRUCTIONS:	
NAME:	TYPE:	MEDICATIONS:
CHIP: YES ☐ NO ☐ NUMBER:	SPECIAL INSTRUCTIONS:	
NAME:	TYPE:	MEDICATIONS:
CHIP: YES ☐ NO ☐ NUMBER:	SPECIAL INSTRUCTIONS:	
NAME:	TYPE:	MEDICATIONS:
CHIP: YES ☐ NO ☐ NUMBER:	SPECIAL INSTRUCTIONS:	
NAME:	TYPE:	MEDICATIONS:
CHIP: YES ☐ NO ☐ NUMBER:	SPECIAL INSTRUCTIONS:	

EMERGENCY INFORMATION REPORT

TRAVEL

DEPARTURE DATE:			DATE OF EXPECTED RETURN:		
LODGING			**CLOSEST EMBASSY OR CONSULATE**		
NAME:			NAME:		
ADDRESS:			ADDRESS:		
CITY:	STATE:	POSTCODE:	CITY:	STATE:	POSTCODE:
COUNTRY:	PHONE:		COUNTRY:	PHONE:	
ITINERARY/TOUR PROVIDERS/OTHER					
NAME:			NAME:		
ADDRESS:			ADDRESS:		
CITY:	STATE:	POSTCODE:	CITY:	STATE:	POSTCODE:
COUNTRY:	PHONE:		COUNTRY:	PHONE:	
NAME:			NAME:		
ADDRESS:			ADDRESS:		
CITY:	STATE:	POSTCODE:	CITY:	STATE:	POSTCODE:
COUNTRY:	PHONE:		COUNTRY:	PHONE:	
VISAS, DOCUMENTS, SPECIAL INSTRUCTIONS, OTHER INFORMATION, ETC.:					

OTHER INFORMATION

ANY INFORMATION NOT PROVIDED ELSEWHERE (additional children, pets, contact information, instructions, etc.):

IMAGES

FRONT PROFILE PICTURE DATE:	SIDE PROFILE PICTURE DATE: