



# Travel

## EMERGENCY CARD



### **Full Name:**

Travel Insurance Company:

Policy Number:

Insurance Number:

Blood Type:

Organ Donor (yes or no):

Medical Conditions:

Medications:

Medical Notes:

### **Five Emergency Contacts**

#### **Contact #1 (Substitute Decision Maker):**

Name:

Relationship:

Phone Number:

Alternative Number:

Address #1:

Address #2 (if applicable):

#### **Contact #4:**

Name:

Relationship:

Phone Number:

Alternative Number:

#### **Contact #5:**

Name:

Relationship:

Phone Number:

Alternative Number:

#### **Contact #2:**

Name:

Relationship:

Phone Number:

Alternative Number:

#### **Contact #3:**

Name:

Relationship:

Phone Number:

Alternative Number:

#### **What to do before you leave:**

Emergency Numbers in Country (i.e. how to dial 911):

Register with STEP / Local Embassy or Consulate when going abroad.

Make sure your family / friends have a copy of your passport.