



Medical Condition Notification

If you have a medical condition that our destination staff should know about please complete this form and fax it to us at least one month before departure.

Passenger Details

Group Name: _____

Passenger Name: Mr. Ms. _____

Emergency Contact #1 Name:

Relationship: _____ Phone #: _____

Emergency Contact #2 Name:

Relationship: _____ Phone #: _____

Emergency Contact #3 Name:

Relationship: _____ Phone #: _____

Details of Medical Condition

Medical Condition:

Medication (dosage or procedure):

Emergency Treatment Procedure:

OFFICE USE ONLY

REFUND AMOUNT: _____ DATE: _____ PICK UP MAIL REP