



CLUB DORVAL 55+ VOYAGEURS **TRIP EMERGENCY INFORMATION**

This document will be used in case of **emergency**. Please fill it out to the best of your ability, without having to consult your doctor or submit to tests.

After this is filled out, please place it in an envelope with your name and the title "*Trip Emergency Information*" on the outside of the envelope, seal it and keep it with you during trips in case the information is needed. *Thank you!*

Last name: _____	First name: _____
Maiden name: _____	Telephone: _____
Address: _____	Postal code: _____
City: _____	Blood type: _____
Passport #: _____	Expiry date: _____
Insurance co: _____	Policy #: _____
Medicare #: _____	Social ins. #: _____

Allergies _____

Medical problems: _____

Current medication: _____

Doctor's name: _____ tel #: _____

Pharmacy's name _____ tel. #: _____

Person to contact in case of emergency: _____

Relationship: _____

Telephone #: day: _____ night: _____

Address: _____

ANYTHING ELSE THAT MIGHT BE PERTINENT IN CASE OF EMERGENCY:

