

Group Travel Emergency Contacts

Date: _____

Travel Group Information

Group Leader: _____

Contact Number: _____

Email: _____

Emergency Contacts

1. Local Emergency Services

Police: 911

Ambulance: 911

Fire Department: 911

2. Group Members

- Name: _____, Phone: _____
- Name: _____, Phone: _____
- Name: _____, Phone: _____
- Name: _____, Phone: _____

3. Local Hospital

Name: _____

Address: _____

Phone: _____

4. Embassy/Consulate

Country: _____

Address: _____

Phone: _____

Important Information

Please keep this document accessible at all times during the trip.