

Travel Crisis Contact List

Date: [Insert Date]

To: [Recipient's Name]

From: [Your Name]

Emergency Contact Information

Name	Relationship	Phone Number	Email
[Contact 1 Name]	[Relationship]	[Phone Number]	[Email]
[Contact 2 Name]	[Relationship]	[Phone Number]	[Email]
[Contact 3 Name]	[Relationship]	[Phone Number]	[Email]

Local Emergency Services

Police: [Local Police Number]

Fire Department: [Local Fire Department Number]

Medical Assistance: [Local Medical Emergency Number]

Travel Insurance Information

Insurance Company: [Company Name]

Policy Number: [Policy Number]

Emergency Contact: [Insurance Contact Number]

Notes

[Any additional notes or instructions]

Stay Safe,

[Your Name]