

# Emergency Contact List for Travel Group

Date: \_\_\_\_\_

## Travel Group Leader:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## Emergency Contacts:

- Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_
- Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_
- Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

## Medical Information:

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

Pre-existing Conditions: \_\_\_\_\_

## Additional Notes:

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Please ensure this information is readily accessible during the trip.