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TRAVEL EMERGENCY CONTACTS

DESTINATION(S)	TRAVEL DATES	LOCAL EMERGENCY NUMBER	LOCAL POLICE / AMBULANCE

Travelers

Name (as on passport)	Passport no. (last 4)	Nationality / expiry	Mobile abroad	Allergies / medical

HOME CONTACTS

Primary contact _____

Phone (with country code) _____

Secondary contact _____

Phone _____

Family doctor _____

INSURANCE AND ASSISTANCE

Travel insurer _____

Policy no. _____

24-h assistance line _____

Health insurer (home) _____

Credit card loss line _____

EMBASSY / CONSULATE

Country / city _____

Address _____

Phone (24 h) _____

Email / website _____

WHERE WE ARE STAYING

Hotel / host _____

Address _____

Phone _____

Booking ref. _____

Airline / flight numbers _____

Tour / cruise operator _____

Airline phone _____

Local friend / contact _____

MEDICATIONS CARRIED / PRESCRIPTIONS / BLOOD TYPES

Keep this sheet separate from your passport and cards. Photocopies of passports, visas, insurance card and prescriptions are in the same pouch. A photo of this sheet is on each traveler's phone.