

Medical & Emergency Contact Information - REQUIRED by David McGuffin's Exploring Europe

Please complete this form and return to our office ASAP. All the requested information must be completed to the best of your ability. You may update this information at a later date, before going on tour. The information you provide will be used only by Exploring Europe and its employees. This information will NOT be shared with anyone.

Your Name	
Your date of birth (mm/dd/yy)	
How does your name appear on your US Passport? <input type="checkbox"/> I am not a US citizen, my passport is issued from (what county):	
What is your US Passport number? Place of Issue? Date of Issue? Date of expiration? <input type="checkbox"/> I do not have a Passport yet.	
Have you made two copies of your Passport? One to place in your luggage and one to leave at home.	
Do you have any physical or medical needs which the tour leader should know about? If yes, please explain.	
Are you allergic to anything? If yes, please specify.	
Do you have special dietary restrictions or needs? <input type="checkbox"/> Vegetarian menu requested	
What prescriptions are you bringing with you?	
If you have purchased Trip Cancellation Insurance, please provide the details of the policy along with ID numbers.	
In case of an emergency, who should we contact? List as many as you like and include contact phone numbers.	
Additional concerns or comments	

Date: _____ Signature _____

E-Mail address _____

RETURN TO EXPLORING EUROPE BY MAIL, FAX, OR EMAIL (as an attachment)
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