

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

Please complete this form and return to our office before your final payment due date. 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 country):	
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.	
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.	
Are you fully vaccinated for COVID-19? EU entry rules change often, and we will keep you updated on current requirements for your destination. You'll need to be COVID-19 compliant at the time of your tour, meaning fully vaccinated and with boosters, when necessary.	
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.	
What is your MOBILE/CELL phone number? Will you have this phone with you on tour?	

Date: _____ Signature _____

E-Mail address _____

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