

# TRAVEL EMERGENCY CONTACTS

Destination: \_\_\_\_\_ / Dates: \_\_\_\_\_

## LOCAL EMERGENCY SERVICES

POLICE / GENERAL

AMBULANCE / MEDICAL

FIRE DEPARTMENT

TOURIST POLICE

## PERSONAL CONTACTS

PRIMARY CONTACT

RELATIONSHIP / PHONE

SECONDARY CONTACT

RELATIONSHIP / PHONE

## OFFICIAL & TRANSIT

EMBASSY / CONSULATE

EMBASSY PHONE

AIRLINE SUPPORT

INSURANCE POLICY #

## MEDICAL & ACCOMMODATION

**HOTEL NAME & PHONE**

**LOCAL HOSPITAL**

**PERSONAL PHYSICIAN**

**BLOOD TYPE / ALLERGIES**

Keep a physical copy in your luggage and a digital copy on your phone.