

**Emergency Contact Form**

**Traveler Information:**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: (Street) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: \_\_\_\_\_ Social Security # \_\_\_\_\_

Legal Name (Name listed on Birth Certificate or Government Issued ID): \_\_\_\_\_

T-Shirt Size: (circle one): XS S M L XL XXL XXL

**Contact or Agency Information:**

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

Address: (Street) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Agency Name (if applicable): \_\_\_\_\_

**Emergency Information:**

Emergency Contact #1: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to Traveler: \_\_\_\_\_

Emergency Contact #2: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to Traveler: \_\_\_\_\_

Health Insurance- Primary (Type and #) \_\_\_\_\_

Health Insurance- Secondary (Type and #) \_\_\_\_\_

Allergies (List all known allergies): \_\_\_\_\_

History of Seizures? \_\_\_\_\_ yes \_\_\_\_\_ no

Describe any important medical information that would be needed in cases of emergency:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Traveler Profile**

**Applicant:**

Traveler's primary disability: \_\_\_\_\_

Other disabilities: \_\_\_\_\_

Is applicant fully ambulatory? YES  NO

Indicate any mobility assistance required: \_\_\_\_\_

**Daily Living Skills Checklist:** (Please check and provide details if needed)

<b><u>Skill Area:</u></b>	<b><u>Independent</u></b>	<b><u>Needs Some Assistance</u></b>	<b><u>Total Assistance</u></b>
Dressing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bathing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toileting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hygiene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Money Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please provide details that will help staff members assist the traveler in above areas:

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**Social Skills:**

Does applicant have any specific fears? (heights, elevators, animals, etc.)

YES  NO

If yes please explain fear, and how it is usually handled.

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Does applicant interact appropriately with:

Staff- YES  NO

Peers- YES  NO

Strangers- YES  NO

If no, please explain: \_\_\_\_\_

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Please list and explain any problem or unusual behaviors (wandering, fabricating stories, inappropriateness, etc.).

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Please explain any additional information that will assist us in understanding your needs:

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**Medications**

Traveler: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_

Primary Care Physician Phone Number: \_\_\_\_\_

**List all medications:**

<u>Medication</u>	<u>Dose</u>	<u>Hour Taken</u>
1. _____		
2. _____		
3. _____		
4. _____		
5. _____		
6. _____		
7. _____		
8. _____		
9. _____		
10. _____		

List any additional medications on the back of this page.

Please notify Exceptional Vacations of any medication changes prior to trip departure.

Travelers are advised to bring their health insurance card on the trip.

## **Exceptional Vacations**

Customers attending a vacation do so at their own risk, and release Exceptional Vacations and staff from liability for any harm to person or property that may occur. Customers who are removed from a trip for medical, behavioral, or psychological reasons are responsible for the cost of their return. Any incidental expenditure incurred by a traveler while on a trip is the responsibility of the traveler, and must be reimbursed to Exceptional Vacations within 30 days of invoice receipt. Changes or cancellations made more than 30 days prior to trip departure will receive a refund less \$50 cancellation charge and any pre-purchased portion of the vacation package. Changes or cancellations made 15-30 days prior to departure will receive a refund less \$200 and any pre-purchased portion of the vacation package. Changes and cancellations within 14 days of departure are non-refundable. No shows, late arrivals to a departure site and refused boarding of a flight or cruise due to lack of proper identification are non-refundable. Exceptional Vacations is granted permission to use trip photographs of a customer for promotional purposes. Receipt of registration package implies understanding and agreement to these terms.

*Exceptional Vacations is a division of Exceptional Services Group, L.L.C.*

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Signature

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Date