



TRAVELER EMERGENCY INFORMATION FORM (TEIF)

Traveler's Home Address and Phone Number:

Ph: _____

Name of Traveler: _____

Date of Birth: _____

Name and Date of Trip: _____

Height: _____ Weight: _____

Hair Color: _____ Eye Color: _____

Emergency Contact: Name: _____ Phone: _____

Insurance Provider: _____ Insurance #: _____

Medicare # _____ MA # _____

Religion _____

Parent/Guardian Information: Name: _____

Phone: _____ Guardianship Status: _____

Case Manager: _____ Phone: _____

Group Home Contact Person: _____ Phone: _____

Cell: _____

Medical Contact (if any): _____ Phone: _____

Cell: _____

Primary Physician: _____ Phone: _____

Medical Notes:

Allergies:

Other: