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Dear Tour Participant:

It is necessary for us to keep medical information on each person in case of a medical emergency during the trip. We ask you to fill out and mail or fax back this form at your earliest convenience.

Name _____

Person to contact in case of emergency _____

Address _____

Phone Number _____

Name of Medications you take and dosages:

Allergies to medications:

Name of Primary Doctor: _____

Phone Number: _____

E-mail address: _____