

## WALITSANI TOURS AND TRAVEL

### Emergency Contact and Medical Information Form

Thank you for choosing Walitsani Tours and Travel for your adventure across East and Southern Africa. To ensure your safety and well-being during your trip, we kindly request you to fill out this form. The information provided will only be used in case of an emergency.

#### 1. Client Information

- Full Name: \_\_\_\_\_
- Passport Number: \_\_\_\_\_
- Nationality: \_\_\_\_\_
- Date of Birth: \_\_\_\_\_
- Address: \_\_\_\_\_
- Email: \_\_\_\_\_
- Phone: \_\_\_\_\_

#### 2. Emergency Contact Information

Please provide the details of someone we can contact in case of an emergency.

- Contact Name: \_\_\_\_\_
- Relationship: \_\_\_\_\_
- Phone (Primary): \_\_\_\_\_
- Phone (Alternate): \_\_\_\_\_
- Email: \_\_\_\_\_
- Address: \_\_\_\_\_

#### 3. Medical Information

This information will help us respond appropriately in case of a medical emergency.

- Do you have any pre-existing medical conditions (e.g., asthma, diabetes, heart conditions)?

Yes  No

If yes, please specify: \_\_\_\_\_

- Do you have any allergies (e.g., food, medication, insect stings)?

Yes  No

If yes, please specify: \_\_\_\_\_

- Are you currently taking any medication?

Yes  No

If yes, please list the medication(s) and dosage: \_\_\_\_\_

- Do you have any dietary restrictions or special requirements?

Yes  No

If yes, please specify: \_\_\_\_\_

- Blood Type (if known): \_\_\_\_\_

#### 4. Medical Insurance Information

- Insurance Company: \_\_\_\_\_

- Policy Number: \_\_\_\_\_

- Insurance Contact Number: \_\_\_\_\_

- Coverage Details (e.g., international travel, medical evacuation): \_\_\_\_\_

## 5. Waiver of Liability and Consent

I hereby authorize Walitsani Tours and Travel and its representatives to act on my behalf in case of an emergency, including but not limited to seeking medical attention or contacting emergency services. I acknowledge that Walitsani Tours and Travel cannot be held responsible for any medical expenses or liability arising from my medical condition during the tour.

- Client Signature: \_\_\_\_\_

- Date: \_\_\_\_\_

## 6. Additional Information

Please share any other relevant information that may help us ensure your safety and comfort during the tour:

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

Thank you for completing this form.

We look forward to ensuring a safe and enjoyable travel experience with Walitsani Tours and Travel.