



Friendship Force of Calgary Region Health and Emergency Information

Please fill out this form and carry it with you at all times so that it can be used if an Emergency arises.

Name	
Address	
Phone Number	

Emergency Contacts not travelling with you:

Name-	Name-
Relationship-	Relationship-
Phone Number/s	Phone Number/s

Passport Information- carry a photocopy of the center page with you

Passport Number-	Issuing Country-
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Physician's Name and phone number

Name-	Phone Number-
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List any health conditions, previous health history, allergies, religious convictions, and legal arrangements that should be known prior to emergency treatment

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Medications, dosage, and frequency

Health Insurance

Alberta Personal Health Number-

<u>Other Supplemental Insurance- eg- Blue Cross, work/retirement plan</u>	
Carrier-	
Policy Number-	Phone Number-

Travel Insurance

Travel Insurance Carrier-	
Policy Number-	Phone Number/s-

Additional Information

Signature

Date