EMERGENCY CONTACT FORM

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Affiliate of Cornerstone Collective

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EMERGENCY CONTACT AND TRAVELER INFORMATION FORM

This form ensures your safety while traveling. All information is kept strictly confidential and will only be used in the event of a travel emergency. Please complete a separate form for each traveler.

Date Completed: _____

TRAVELER INFORMATION

Full Legal Name: _____

Date of Birth: _____

Gender: ☐ Male ☐ Female ☐ Non-binary / Other ☐ Prefer not to say

U.S. Citizen? ☐ Yes ☐ No — Citizenship: _____

Home Address: _____

City, State, ZIP: _____

Personal Cell Phone: _____

Email Address: _____

PASSPORT INFORMATION

Passport Number: _____

Country of Issue: _____

Issue Date: _____

Expiration Date: _____

Place of Issue (City): _____

Do you have Global Entry / TSA PreCheck? ☐ No ☐ TSA PreCheck — Known Traveler Number (KTN): _____ ☐ Global Entry — Membership Number: _____

☐ NEXUS ☐ CLEAR

FREQUENT FLYER / LOYALTY PROGRAMS

Program	Membership Number

EMERGENCY CONTACTS

Please list at least two individuals who can be reached in case of emergency during your travels. These individuals are NOT traveling with you.

Primary Emergency Contact

Full Name: _____

Relationship to Traveler: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Email Address: _____

Address: _____

City, State, ZIP: _____

Does this person have your power of attorney or other legal authority?

☐ Yes ☐ No

Secondary Emergency Contact

Full Name: _____

Relationship to Traveler: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Email Address: _____

Address: _____

City, State, ZIP: _____

MEDICAL INFORMATION

This information is optional but may be vital in the event of a medical emergency during travel. This information will be kept strictly confidential.

Blood Type: _____

Known Allergies (medications, foods, environmental): ☐ None known ☐ Yes:

_____

Current Medications (list names and dosages): ☐ None ☐ Yes:

_____

Medical Conditions or Diagnoses Relevant to Travel: ☐ None ☐ Yes:

_____

Mobility Limitations or Accessibility Needs: ☐ None ☐ Yes:

_____

Do you require any medical equipment while traveling? ☐ No

☐ Yes — Please describe: _____

Do you have a Do Not Resuscitate (DNR) order or medical directive? ☐ No ☐ Yes — Location of document: _____

HEALTH INSURANCE INFORMATION

Primary Health Insurance Provider: _____

Policy Number: _____

Group Number: _____

Customer Service Phone: _____

Does your health insurance cover international medical care? ☐ Yes ☐ No ☐ Unknown ☐ N/A (domestic travel only)

TRAVEL INSURANCE INFORMATION

Travel Insurance Provider: _____

Policy Number: _____

Coverage Dates: From _____ To _____

24/7 Emergency Assistance Phone (from your policy): _____

PRESCRIPTION MEDICATIONS CARRIED DURING TRAVEL

List any medications being carried so emergency responders can be informed.

Medication Name	Dosage	Condition Treated	Prescribing Physician

Do you carry an EpiPen? ☐ Yes ☐ No

Do you carry a medical alert card or wear a medical alert bracelet?

☐ Yes ☐ No

DIETARY RESTRICTIONS FOR EMERGENCY / MEDICAL PURPOSES

(Different from general preferences — list only medically relevant restrictions)

☐ None ☐ Yes: _____

ADDITIONAL NOTES

Is there anything else your agent or emergency contacts should know?

AUTHORIZATION

I authorize **Rick Oelkers, Ramblin With Rick Services LLC** and Cornerstone Collective to:

- Retain the information provided on this form for the duration of my travel relationship
- Share relevant information with emergency contacts listed above in the event of a travel emergency
- Provide relevant medical and identification information to emergency services if I am unable to communicate on my own behalf during travel

I understand this information is confidential and will not be shared for any purpose other than emergency assistance.

Traveler Signature: _____

Date: _____

Print Name: _____

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*For Agent Use Only:*Date Received: _____

Entered into Client File: ☐ Yes File ID: _____

Please notify your agent promptly of any changes to this information, including new emergency contacts, passport renewal, or changes in health status.
