

Emergency Information for [MY FULL NAME]

Personal Information:

- Full Name:
- Home Address:
- Home Country:
- Citizenship:
- Passport Number:
- Place of Issue:
- Date of Issue:
- Date of Expiration:

Emergency Contact in [Home Country]:

- Name:
- Relation:
- City:
- Tel:
- Email:

Emergency Contact in [Host Abroad]:

- Name:
- Relation:
- City:
- Tel:
- Email:

My Address in [Country Abroad]:

- Street:
- City:
- State / Province:
- Postal Code:

My Medical History:

- Current medications:
- Current conditions:
- Drug allergies:
- Food Allergies:
- Vaccinations:
- Blood type:
- Previous surgeries:
- Previous conditions:

My Medical Insurance Abroad:

- Company:
- Policy Number:
- Plan:
- Country:
- Tel (24 hours):

[Your Embassy] in [Country Abroad]:

- Tel:
- Address: