

Kenya Educational Service Trips (KEST)

Form 5: Emergency Contact Information

Traveler Name: _____

In case of emergency, please contact:

Name _____ Relationship _____

Address _____

Phone: home _____ work _____

cell _____

E-mail: _____

The following information may be needed by any hospital or medical practitioner not having access to your medical history.

Allergies to medicine, food, etc.

Medication being taken

Date of last tetanus shot _____

Physical impairments

Other

Personal Physician

Name _____

Address _____

Phone: day (_____) _____ night (_____) _____

Personal Health Insurance Coverage

Company _____

Policy number _____

Insurance agent _____

Agent's phone (_____) _____

Primary beneficiary _____

Relationship _____

Secondary beneficiary _____

Relationship _____