



**Culinarian  
Expeditions**  
Cooking in Italy and Mexico

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## Emergency Contact Form

**Expedition** \_\_\_\_\_ **date:** \_\_\_\_\_

**Last name** (as it appears on passport) \_\_\_\_\_

**First and middle name** (as it appears on passport) \_\_\_\_\_

**Birth date** Day: \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

**Email** \_\_\_\_\_

**Cellphone #** \_\_\_\_\_

### **Person (s) to contact in case of emergency**

**Name(s)** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone (s)** \_\_\_\_\_

**Email** \_\_\_\_\_

### **Regular Health Insurance** \_\_\_\_\_

**Policy #** \_\_\_\_\_ **Phone #** \_\_\_\_\_

### **Travel Insurance** \_\_\_\_\_

**Policy #** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**Physician** \_\_\_\_\_ **Phone #** \_\_\_\_\_

### **Current medications**

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

### **Allergies**

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

Please write below or attach important information to be given to emergency personnel.