

# Snapshots™



## TRAVELLERS' CONTACT INFORMATION BOOKLET

This booklet belongs to:

Name

Date

Your emergency contact(s)

Name

(contact this person first in the event of an emergency)

Address

Phone number

Email address

Name

(alternate contact)

Address

Phone number

Email address

Your emergency contact(s) at your destination(s), if applicable

Name

Address

Phone number

Email address

Name

Address

Phone number

Email address

When travelling abroad it's important to share your travel and health information with your loved ones before you leave in the event that anything goes wrong. Take a moment to complete the information in this booklet and leave a copy with your emergency contact. Be sure to also bring a copy of this booklet with you on your travels.

## TABLE OF CONTENTS

<b>WHO IS TRAVELLING?</b>	1	<b>HEALTH INSURANCE</b>	5
<b>TRAVEL AGENCY</b>	1	Out-of-country health insurance provider	5
<b>TRANSPORTATION</b>	1	Other insurance provider(s)	5
Airplane	1	<b>NOTES</b>	5
Vehicle	2		
Train	2		
<b>YOUR DESTINATION(S)</b>	3		
Property/resort/hotel	3		
Closest Canadian embassy/ consulate/high commission office	3		
<b>HEALTH CARE</b>	4		
Primary health care provider or doctor in Canada	4		
Primary health care provider or doctor at your destination(s)	4		
Medication(s) and refill information	4		
Medical conditions	4		
Glasses or contacts prescriptions	4		
Hospital or clinic at your destination(s)	5		

## WHO IS TRAVELLING?

Name	
Passport number (optional)	
Name	
Passport number (optional)	
Name	
Passport number (optional)	
Name	
Passport number (optional)	
<input type="checkbox"/> I am travelling with a pet	
<input type="checkbox"/> I have registered my pet for travel. Pet registration #:	

## TRAVEL AGENCY

Agency name			
Agent's name			
Phone number		Email address	
Address			

## TRANSPORTATION

<b>Airplane</b>			
Travel confirmation number			
Departure date			
Airline name			
Airline customer service phone number			
Airline baggage service phone number			
Flight number			
Time of departure			
Departing from			
Travelling to			
<b>Connecting flight</b>			
<input type="checkbox"/> Yes. Airline: _____ Flight number: _____ Departure time: _____ Arrival time: _____			
<input type="checkbox"/> No connecting flight			

Vehicle	
Travelling to	
Departure date	
Return date	
Vehicle registration number	
Model	
Make	
License plate number	
Driver's license number	
Car rental confirmation number (if applicable)	
Car rental company	
Car rental company phone number	
Train	
Travel confirmation number	
Departure date	
Rail service provider	
Rail service customer service phone number	
Train number	
Time of departure	
Departing from	
Travelling to	
Connecting train	
<input type="checkbox"/> Yes. Rail Service Provider: _____ Train number: _____ Departure time: _____ Arrival time: _____	
<input type="checkbox"/> No connecting train	

## YOUR DESTINATION(S)

<b>Property/resort/hotel name</b>			
Dates for first destination			
Address			
Phone number		Email address	
Website			
<b>Property/resort/hotel name</b>			
Dates for second destination			
Address			
Phone number		Email address	
Website			
<b>Property/resort/hotel name</b>			
Dates for third destination			
Address			
Phone number		Email address	
Website			
<b>Closest Canadian embassy, consulate or high commission office at your destination(s)</b>			
<b>Destination</b>			
Address			
Phone number		Email address	
<b>Destination</b>			
Address			
Phone number		Email address	

## HEALTH CARE

Primary health care provider or doctor in Canada				
Name				
Address				
Phone number		Email address		
Date of your last physical/ checkup				
Primary health care provider or doctor at your destination(s), if applicable				
Name				
Address				
Phone number		Email address		
Name				
Address				
Phone number		Email address		
Medication(s) and refill information				
Name of drug (generic & trade)	Prescribed dosage	Reason for taking the medication	Name & phone number of the pharmacy that dispensed the drug	Medication refill number
Medical conditions (such as allergies, heart conditions, diabetes, etc. that your emergency contact should know about)				
<input type="checkbox"/> Copy of <u>immunization records</u> for you and those travelling with you				
Glasses or contacts prescriptions				
	Left eye	Right eye	Notes	
Glasses				
Contacts				

Hospital or clinic at your destination(s)			
<b>Name</b>			
Address			
Phone number		Email address	
<b>Name</b>			
Address			
Phone number		Email address	

## HEALTH INSURANCE

Out-of-country health insurance provider	
Name of provider	
Policy number	
Details of your insurance policy	
Emergency phone number	
Other insurance provider(s) (life, travel, vehicle, cancellation, etc.)	
<b>Name of provider</b>	
Policy number	
Details of your insurance policy	
Emergency phone number	
<b>Name of provider</b>	
Policy number	
Details of your insurance policy	
Emergency phone number	

## NOTES

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