2019 SOLOMONS EXPEDITON

Emergency Contact & Medical History Form

Please answer the following questions to help us make the upcoming expedition you are participating in a success. This information will assist us should any unforeseen health problems occur during the course of the expedition. We ask that you list at least two Emergency Contacts. The information you share with us on this form will only be used in the event of a medical emergency, otherwise it will be kept confidential and never shared. On our expeditions the health and safety of everyone is our number one priority.

Mail completed form to:
WAR HISTORIAN, LLC
BATTLEFIELD EXPEDITIONS
27 Rainville Avenue
North Smithfield, RI 02896

******* please use one form per person *******

NAME: _____

EMERGENCY CONTACT 1: _____ RELATIONSHIP: _____

CELL #: _____ HOME #: _____ E-MAIL: _____

EMERGENCY CONTACT 2: _____ RELATIONSHIP: _____

CELL #: _____ HOME #: _____ E-MAIL: _____

EMERGENCY CONTACT 3: _____ RELATIONSHIP: _____

CELL #: _____ HOME #: _____ E-MAIL: _____

Any underlying health conditions or concerns we should be aware of: _____

_____

Allergies: _____

Dietary Restrictions: _____

Illnesses being treated: _____

LIST ALL MEDICATIONS you will be taking with you (NOTE: Please bring your medications in their original bottles/containers and pack them in your carry-on baggage):

Medication: _____ Dosage: _____ Reason: _____

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Medication: _____ Dosage: _____ Reason: _____

Have you, or are you planning to get the recommended vaccinations and take the additional health precautions outlined in our *Solomon Islands travel FAQs* (see: http://battlefield-expeditions.war-historian.com/newss/solomon-islands-travel-faqs)?

_____

_____

_____

Please use the back of this form if you require additional space for any questions on this form.

SIGN & DATE:
By signing this document you attest to the accuracy of the information you provided.

_____

SIGNATURE DATE

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