

### Emergency Contact Information Form

This form must be completed prior to excursion. Copies to be held by the group leader and the home base contact.

Name of Establishment/Group								
Name of Group Leader						Home Phone		
Excursion Departure Date								
Return Information		Date		Time		Location		
Place(s) to be visited								
Group	Total Number	<input type="text"/>	Adults	Male	Female	Group Members	Male	Female
Do you have an emergency contact list for everyone in the group? (If not, obtain one. If yes, attach it to the sheet)						Please Tick Yes <input type="checkbox"/> No <input type="checkbox"/>		
<p>Emergency contact information</p> <p>a) During educational establishment opening dates and hours</p> <p>Head of Establishment _____ Phone _____</p> <p>Depute/Other _____ Phone _____</p> <p>b) Out of normal hours (and holiday period)</p> <p>Head of Establishment _____ Phone _____</p> <p>Depute/Other _____ Phone _____</p> <p>c) Travel Company (if appropriate)</p> <p>Name/Address _____ Phone _____ Fax _____</p> <p>Travel Company Rep Name _____ Phone _____ Fax _____</p> <p>Insurance/Emergency Assistance _____ Phone _____ Fax _____</p> <p>Hotel _____</p> <p>Address _____ Phone _____ Fax _____</p> <p>d) Accommodation Contact (e.g. Rep/Manager)</p> <p>Address _____ Phone _____ Fax _____</p> <p>e) Other emergency numbers</p> <p>Name/Contact _____ Phone _____ Fax _____</p> <p>Name/Contact _____ Phone _____ Fax _____</p> <p>Name/Contact _____ Phone _____ Fax _____</p> <p>Name/Contact _____ Phone _____ Fax _____</p>								