

BREAKAWAY BEACH

MEDICAL CONDITION NOTIFICATION

If you have a medical condition that our Destination Team should know about, please complete this form and email it to us (info@breakawaybeach.com) at least one month before departure

TRAVELER DETAILS

GROUP NAME: _____

TRAVELER NAME: MR MS _____

EMERGENCY CONTACT #1:

NAME: _____ RELATIONSHIP: _____

PHONE # _____ EMAIL: _____

EMERGENCY CONTACT #2:

NAME: _____ RELATIONSHIP: _____

PHONE # _____ EMAIL: _____

EMERGENCY CONTACT #3:

NAME: _____ RELATIONSHIP: _____

PHONE # _____ EMAIL: _____

EMERGENCY CONTACT #4:

NAME: _____ RELATIONSHIP: _____

PHONE # _____ EMAIL: _____

DETAILS OF MEDICAL CONDITION

MEDICAL CONDITION: _____

MEDICATION (DOSAGE OR PROCEDURE): _____

EMERGENCY TREATMENT PROCEDURE:

OFFICE USE ONLY

REFUND AMOUNT:

DATE:

PICK-UP MAIL REP