

Canal Voyagers Limited
Emergency Contact Information, Health Details & Special Requirements

It is helpful for us to have a little information from you should we encounter an emergency situation. Please print all information on this form clearly, so the emergency services would have no problems reading it.

Passenger Name (Mr/Mrs/Ms/Miss/Dr) _____

Cruise Booked _____

Emergency Contact

Please provide details of whom we may contact for you in case of an emergency.

Name (Mr/Mrs/Ms/Miss/Dr) _____

Address _____

_____ Postcode _____

Tel No: (Home) _____ (Work) _____

Their relationship to you _____

We would be grateful if you could also supply us with information about any medical or other conditions we should be aware of, to make your stay aboard as care free as possible. Please record any dietary requirements, allergies and other information the emergency services or we may need in case you should require assistance. Please note, if any guest is found to have an unmanaged illness (such as incontinence), they may be required to leave the cruise. No refund will be given for cruise time or facilities cancelled due to this action.

Special Dietary Or Health Requirements

Please continue overleaf if necessary. Please be assured that all information will be held in the strictest confidence and only used in a situation considered by Canal Voyagers to be an emergency.

I declare the information provided on this form is accurate.

Signature..... Date _____

Please return to: Canal Voyagers Limited, 11 Wardle Way, Kidderminster, DY11 5UJ
Telephone: 07921 214414 email: info@canalvoyagers.com
