



PASSENGER INFORMATION FORM

Name: _____ Date: _____

Birthdate: _____ Cell Phone Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Doctor's Name and phone number: _____

I am allergic to the following medications and/or food: _____

Emergency contact: _____

Contact Phone number: _____ Relationship: _____

Please list all medications by name and dosage. (Be sure to include mg., etc.) If you use a general brand, please list the brand name for it.

<u>Brand name</u>	<u>Generic Name</u>	<u>Dosage per day</u>

Special birthday or anniversary you are celebrating during this tour: _____

Health conditions we should know about: _____

I have had the Covid-19 vaccination: Yes No

I understand that Jane's Journeys, LLC, as a tour operator, does not assume and cannot be held liable for personal illness, such as Covid-19 or personal injury, property damage or other loss that may occur as a result of negligent acts or omissions on the part of any supplier.

Signed _____ Date: _____