



AMAZON CONSERVATION ASSOCIATION

Emergency Information

Dear Visitor,

To ensure you a safe visit to Los Amigos and to provide assistance in case of emergency we ask that you please complete this form. Please note that this information is confidential and will only be released in case of emergency.

Thank you and enjoy your stay,

ACA

Name: _____

Address: _____

Home Phone: _____

E-mail: _____

Date of Birth: _____

Passport No. & Place of Issue: _____

Insurance policy plan & contact information: _____

Table with 4 columns: Please mark with X, No, Yes, Please explain. Rows include: I am allergic to certain foods, I require a special diet, I am a vegetarian, I am allergic to a type of medicine, I am allergic to insect bites, I have a heart/respiratory condition, Please indicate any other dietary/health restrictions.

In case of emergency please notify:

Name: _____

Relationship: _____

Home Phone: _____

Work Phone: _____

E-mail: _____

Address: _____