



## GENERAL HEALTH & CONTACT INFORMATION FORM

To our adventurers,

**Chile Nativo** offers excursions that range from easygoing photo safaris to vigorous hikes that last a full day. Regardless of the degree of difficulty, we are committed to your safety.

Our guides are trained in first aid and carry radios for quick communication. They are also thoroughly familiar with the physical conditions required for each excursion and any dangers that could present themselves from changing climatic conditions.

We like to be prepared. Please help our guides to provide you with safe, enjoyable journeys by letting us know a little about you. The information you provide may not necessarily prevent you from partaking in excursions and all information you supply will be kept in strict confidentiality.

### REGISTRATION & CONTACT INFO

Trip Name: \_\_\_\_\_ Departure Date: \_\_\_\_\_

Name: \_\_\_\_\_ Male:  Female:

Home Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Country: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Passport #: \_\_\_\_\_ Issuing Country: \_\_\_\_\_

Exp. Date (MM/DD/YY): \_\_\_\_\_

Telephone (Home): \_\_\_\_\_ Work: \_\_\_\_\_  
(Including country and city code)

Email: \_\_\_\_\_

Name and Relationship to other travelers:

\_\_\_\_\_  
\_\_\_\_\_

Accommodations: Prices are base on double occupancy unless otherwise noted.

Please circle one:

Twin                      Double                      Single\*                      Match with roommate if possible

\*a single supplement will apply

**HEALTH & EMERGENCY INFORMATION**

Date of Birth (MM/DD/YY): \_\_\_\_\_ Age: \_\_\_\_\_ Blood Type: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact Telephone Day: \_\_\_\_\_ Telephone Evening: \_\_\_\_\_

International Health and Travel Insurance Company \_\_\_\_\_

Contact phone: \_\_\_\_\_ Policy Number: \_\_\_\_\_

**No health or travel insurance coverage: I agree to assume full responsibility for any medical expenses, evacuation, repatriation or any travel related costs before, during or after my Chile Nativo trip.**

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- Any medical information that we should be aware of (i.e. diabetes, heart problems, high blood pressure, epilepsy, asthma etc)? Yes \_\_\_ No \_\_\_ Please explain:

\_\_\_\_\_

- Have you been hospitalized within the past six months? Yes \_\_\_ No \_\_\_  
If yes, what were the circumstances?

\_\_\_\_\_

Are you currently taking medication that could impair your physical ability or awareness?  
Yes \_\_\_ No \_\_\_ List the medications:

\_\_\_\_\_

- Any allergies? Yes \_\_\_ No \_\_\_  
- Do you have allergies to certain kinds of foods? Yes \_\_\_ No \_\_\_  
Please Explain.

\_\_\_\_\_

- Are you a vegetarian? Yes \_\_\_ No \_\_\_  
Please explain your preferences or food restrictions:

\_\_\_\_\_

Name (Printed): \_\_\_\_\_ Signature: \_\_\_\_\_

Date \_\_\_\_\_

Thank you for filling this form for us, which will let us give you a better service.

**Please sign and return: by FAX: 56.2.717.5961 or by scanning and emailing to, [info@chilenativo.travel](mailto:info@chilenativo.travel)**