

**EMERGENCY INFORMATION AUTHORIZATION AND RELEASE**

NAME \_\_\_\_\_ Passport (Country & No.) \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

**In case of emergency, please notify:**

1. NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_

2. NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_

CURRENT MEDICAL PROBLEMS \_\_\_\_\_

ALLERGIES \_\_\_\_\_

ROUTINE MEDICATIONS \_\_\_\_\_

NAME OF MEDICAL INSURANCE COMPANY \_\_\_\_\_

Address \_\_\_\_\_ Telephone No. \_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_

Policy Name \_\_\_\_\_ Policy Number \_\_\_\_\_

**NOTE:** Please verify that your medical insurance covers you while you are outside the U.S.A.

NAME OF TRAVEL INSURANCE COMPANY (if any) \_\_\_\_\_

Address \_\_\_\_\_ Telephone No. \_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_

Policy Name \_\_\_\_\_ Policy Number \_\_\_\_\_

In the event of injury or illness, if I am unable to do so myself, I hereby authorize INTERNATIONAL BUSINESS SEMINARS, their agents or assigns, to secure, at my expense, any necessary treatment, including administration of anesthetic and surgery, and such medication as may be prescribed. It is further agreed that, if my condition so requires, I may be returned to the United States, at my expense.

I hereby release INTERNATIONAL BUSINESS SEMINARS, their agents or assigns, from any and all claims and causes of action for damage to or loss of property, medical or hospital care, personal illness or injury, or death arising out of any travel or activity conducted by or under their control.

Dated: \_\_\_\_\_ Signature: \_\_\_\_\_

Please complete this document as thoroughly as possible and return it to International Business Seminars. This information is very **IMPORTANT** and needs to be returned to the IBS office immediately. We must receive the completed form before your airline ticket can be printed. Please type or print your information on this form legibly. **Please notify IBS of any changes in the information prior to your departure.**

**PLEASE MAIL OR FAX THIS DOCUMENT TO:**

International Business Seminars  
P.O. Box 1823  
Scottsdale, Arizona 85252-1823  
Telephone: (480) 874-0100  
Fax: (480) 874-0202