



## Emergency Health Care Decisions (Adult)

I, \_\_\_\_\_, of \_\_\_\_\_,  
Traveler City / Town

\_\_\_\_\_, will be traveling on a trip organized by Educational Travel Service, Inc., to  
State

\_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_.  
Trip Destination Departure date Return Date

In the event that I experience a health care emergency that I am unable to deal with  
myself, please contact \_\_\_\_\_ at \_\_\_\_\_.  
Name of contact person E-mail / phone

If said contact person cannot be reached within a reasonable time in light of the nature of the  
health care emergency, or if medical attention is required immediately, I authorize

\_\_\_\_\_ to arrange for medical treatment for me. If, in  
Name of Group Leader

such situation, I am unable to make health care decisions for myself, then I authorize

\_\_\_\_\_ to make such decisions on my behalf.  
Name of Group Leader

\_\_\_\_\_  
Traveler Signature Date

\_\_\_\_\_  
Printed Name

### Witness

\_\_\_\_\_, of \_\_\_\_\_, \_\_\_\_\_  
Name City / Town State