



# North Pacific Expeditions

## Passenger Information

Each passenger that books and participates as a passenger with North Pacific Expeditions (NPE) is kindly requested to fill out a Passenger Information form. This personal information form provides us with important information that allows NPE to accommodate special dietary needs as well as provide NPE with essential information should an unexpected medical emergency occur. NPE operates in backcountry locations that are remote and well isolated from hospitals, doctors and other emergency services. Although there are crew on board with Medic First Aid and/or First Aid training as required by the U.S. Coast Guard to provide immediate medical treatment when needed, the physical and environmental challenges of being in these remote and isolated areas introduce unique challenges for an evacuation to a medical facility that can become complicated, lengthy, and expensive given various circumstances. Allowing NPE to be informed of pre-existing medical and/or health type conditions can help in getting the medical or health treatment you may need within a reasonable amount of time. We do carry on board an Automated External Defibrillator (AED). NPE respectfully asks that the information provided, that is entirely optional, is complete and thorough as possible. All information provided will remain confidential and used only by North Pacific Expeditions.

**Booking Client's Name:** \_\_\_\_\_

**Passenger Name:** \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Phone Home or Work: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Birth Date\*: \_\_\_\_\_ Weight\*: \_\_\_\_\_ Height\*: \_\_\_\_\_

Would you like us to provide you with Rubber Boots:  No  Yes - Foot Size: \_\_\_\_\_

\*Used to relay important information to U.S. Coast Guard and/or other emergency service personnel on land if required.

### **Arrival Travel Information -**

Flight Information: \_\_\_\_\_

Lodging Information: \_\_\_\_\_



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## In Case of Emergency -

Name of Person to be notified (not traveling with you): \_\_\_\_\_

Relationship to you: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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## Food Restrictions/Limitations –

Please check if you have any dietary/medical food restrictions (*different from food dietary preferences*)

Celiac    Nuts    Diabetic    Dairy    Low-fat    Vegetarian

Please clarify what is acceptable to eat: \_\_\_\_\_

\_\_\_\_\_

Other; please describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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## Medical Information\* –

Allergies (Food, Medicine, Insects, Contact Dermatitis): \_\_\_\_\_

\_\_\_\_\_

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If highly allergic to such things as foods or insect bites/stings do you carry an

ANA-KIT (epinephrine, chlorpheniramine)    Yes    No

**Please identify any potential health issues or conditions identified by your physician(s)**

Heart    Respiratory    Diabetic    High Blood Pressure    Epilepsy/Seizures



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Please list any other medical conditions: \_\_\_\_\_

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Please list any physical conditions that may be of concern: \_\_\_\_\_

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Additional Information that may be a concern to NPE: \_\_\_\_\_

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The information provided within this Passenger Information form has been filled out completely and accurately to the best of my knowledge; that I have carefully read, understood and accept North Pacific Expeditions Terms and Conditions agreement; and that I have carefully read, understood and accept North Pacific Expeditions Risk Acknowledgment in association with the services that North Pacific Expeditions provide.

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

## FOR PARENTS/GUARDIANS RESPONSIBLE OF MINORS (UNDER AGE 18)

This is to certify that I, as parent/guardian with legal responsibility do consent and agree to his/her participation and release and hold harmless from any liabilities to minor child who participates in these activities.

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_