



# North Pacific Expeditions

## Passenger Information Form

Each client that books and participates as a passenger with North Pacific Expeditions (NPE) is kindly requested to fill out a Passenger Information form for every member of the traveling party. This form provides NPE with important information that will allow us to accommodate special dietary needs as well as take the best course of action 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 Wilderness First Responder or CPR/First Aid training as required by the U.S. Coast Guard, being in these remote and isolated areas introduces unique challenges for an evacuation to a medical facility that can become complicated, lengthy and expensive given these circumstances. Informing NPE of pre-existing medical and/or health-type conditions helps us in getting you the medical or health treatment you may need within a reasonable amount of time. We do carry an Automated External Defibrillator (AED) onboard.

NPE respectfully asks that the information provided, while entirely optional, is as complete and as thorough as possible. All information provided will remain confidential.

**Booking Party Name:** \_\_\_\_\_

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

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

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

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

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

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

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

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### 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    Gluten Intolerance    Diabetic    Non-dairy    Low-fat

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

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

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## Medical Information\*

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

\_\_\_\_\_

\_\_\_\_\_

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

Please explain: \_\_\_\_\_

\_\_\_\_\_



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

\_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

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I affirm that 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 provides.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Form prepared by:**

Print Name: \_\_\_\_\_ 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 North Pacific Expeditions from any liabilities to the minor child who participates in these activities.

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

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