



**Mandatory...put
copy of
GOVERNMENT
ISSUED PHOTO
ID and/or
PASSPORT here**

Sundial Special Vacations



Vacationers First Middle & Last name *as it appears on Government Issued ID*

Nickname (What do you go by?) _____

Vacation of Choice _____

Date of Departure _____

City of Departure _____

Can Vacationer Travel Alone By Air? Yes No

Do You have a Passport? Yes No

If you have a passport please send a copy with your profile

Email Address: _____

Address: _____

Street/PO Box

Apt. #

City

State

Zip



Phone _____

Birth Date _____

Sex: Male Female

24 Hr. Emergency Contact Person: _____ Phone: _____

The person that answers this phone MUST be able to immediately assist with important information.

Care Provider/Agency Name: _____ Phone: _____

Care Provider's Mailing Address: _____

Care Provider Email: _____

Physicians Name: _____ Phone: _____

Please have this information completed and into our office 45 days prior to travel.

Can vacationer travel alone by air? Yes No

If no, please explain specific needs: _____

Find us on Facebook! www.facebook.com/sundialspecialvacationsOR

**MEDICAL INFORMATION
"IMPORTANT"**

Vacationer's Name: _____

**Does Vacationer have any of the following medical conditions?
(Check all that apply)**

Diabetes _____ Heart Condition _____ Respiratory Condition _____

Seizures: YES NO Type: _____ Frequency: _____

Last Seizure was on what date? _____

List any Instructions:

Allergies?

Dietary Restrictions (Please List):

PLEASE MAKE SURE THE MEDICAL RELEASE FORM IS SIGNED!

Please Circle One:

**Vacationer Can Handle His/Her Meds
Or
Tour Escort is to Dispense All Meds**

Medications: Type – Name Time Special Instructions
AM:

Noon:

Evening:

Bedtime:

ANY ADDITIONAL INFORMATION – PLEASE ATTACH A SEPARATE SHEET

Liability Release

I understand that Sundial Special Vacations (SSV) Tours are planned with the utmost thought, work, and prudence and with the safety of the participants in mind. SSV reserves the right to return anyone who becomes unmanageable at the cost of the client. SSV may also change any portion of the tour at any time if it is in the best interest of the participants to do so. Our tour leaders & escorts are experienced travel guides and are prepared to lead a safe and enjoyable tour. As in any travel experience, risk to the body or property may be present. Some tours may take place in an area without immediate medical assistance, or outside the United States of America. Participants, or their guardians/agents, applying for these tours do so at their own risk. SSV is not liable for lost or stolen items.



Legal Signature of Participant or Guardian:

Date:

Medical Release

In case of any emergency, accident or illness; I hereby give my permission to be treated by professional medical personnel and to be admitted to a hospital if necessary. I agree to be responsible for all medical expenses incurred on my behalf.



Legal Signature of Participant or Guardian:

Date:

Unsigned profiles will not be accepted!

IMPORTANT NOTICE

*****SUNDIAL SPECIAL VACATIONS CANNOT SEND YOUR TRIP PACKETS UNLESS WE HAVE RECEIVED YOUR PROFILE AND FINAL PAYMENT – PROFILES ARE DUE WITH A 20% DEPOSIT IN ORDER TO SECURE A RESERVATION AND FINAL PAYMENT IS DUE 75 DAYS PRIOR TO DEPARTURE. AIRFARE IS BILLED SEPERATELY.*****

Sundial Special Vacation will sometimes use photos from past trips in marketing materials, on our website, and other internal communications. We do not provide compensation to any individual shown in above mentioned images. If you do not wish to appear in future materials please indicate below.

__ Please do not include my likeness in SSV media

VERY IMPORTANT – Please tell us all about yourself (eg. I smoke, I like to swim, I tire easily)

USES A WHEELCHAIR? YES OR NO

SUNDIAL MUST BE ADVISED IF TRAVELER NEEDS WHEELCHAIR ASSISTANCE, ACCESSIBLE TRANSPORTATION, AND/OR ACCESSIBLE HOTEL ROOM. SUNDIAL CAN NOT GUARANTEE THAT ALL PORTIONS OF EVERY TRIP WILL BE WHEELCHAIR ACCESSIBLE. WE MAY BE ABLE TO PROVIDE ASSISTANCE AT THE CLIENT'S EXPENSE.

Please circle all that apply:

USE A WALKER/CANE	HANDLE YOUR OWN MONEY	TIRE EASILY	HANDLE YOUR OWN MEDICINE
OXYGEN	NEED ONE ON ONE	TAKE MEDS	USE SIGN LANGUAGE
HEPATITIS CARRIER	INCONTINENT	DIABETIC*	NEED SPECIAL DIET

****If you have diabetes, you MUST provide your own sharps container!***

If you circled yes to any of the above questions, please use the space below to explain any special needs or instructions:

Remember to bring money to check your luggage, we will pay for your luggage on the return trip. Do not pack medications in your checked luggage. If you need food such as applesauce to take with your medications, please bring it. We recommend a snack to be put in your carry-on, flights can be long and sometimes delayed. We also recommend bringing one extra day's worth of medications, just in case a flight is cancelled completely.