



Traveler Information Form

Today's Date: _____

TRAVELER CONTACT INFORMATION

Has the traveler ever traveled independently before? Yes No

Traveler Legal Name: _____ Male Female

Name must match the name listed on identification

Date of Birth: ____ / ____ / ____

Height: ____ feet ____ inches Weight ____ lbs.

Traveler Address: _____ City _____ State ____ Zip _____

Traveler lives: Independently with both parents with one parent

Foster/Group Home (name: _____) Supported Living center (name: _____)

T-shirt Size: S M L XL 2XL 3XL

Disability / Diagnosis: _____

Primary Contact Person: _____ Relationship to Traveler: _____

Primary Phone: () _____ - _____ Email: _____

Address: _____ City _____ State ____ Zip _____

How would you prefer to be contacted? Check all that apply: Mail Phone Email

Emergency Contact

Name _____ Phone: () _____ - _____

Relationship to Traveler: _____

PAYMENT

- Trips require a 25% deposit at time of registration, with full payment due 30 days prior to date of departure. Registrations made within 30 days of departure will require payment in full.
- Acceptable forms of payments include Check, Money Order or Credit/Debit Cards accepted by Square. Please make check or money orders out to Adventures Unbound and mail to 824 Woodson Way Fort Worth, TX 76036.
- Cancellation Policy: All cancellations must be received in writing to Carrie@AdventuresUnboundTravel.com at least two weeks prior to the scheduled event to be accepted. A \$25 administration fee will be applied to all cancellations.

DAILY LIVING SKILLS

Eating: Independent Some Assistance Total Assistance

Best way to assist _____

Special Diet? _____

Dressing: Independent Some Assistance Total Assistance

Best way to assist _____

Bathing/hair: Independent Some Assistance Total Assistance

Best way to assist _____

Brushing Teeth: Independent Some Assistance Total Assistance

Best way to assist _____

Toileting: Independent Some Assistance Total Assistance

Best way to assist _____

Transferring: Independent Some Assistance Total Assistance

Best way to assist _____

Mobility: Walks Alone Manual Wheelchair Electric Wheelchair Other _____

Does traveler use any adaptive equipment/devices? No Yes

If yes, what? _____

Communication: Check all that apply: Speaks Clearly Uses Gestures May be difficult to understand

Uses Sign Language Other _____

Eyesight: Normal Vision Some Vision Blind

Special Instructions: _____

Hearing: Normal Hearing Some Hearing Hearing Aids Deaf

Special Instructions: _____

Does traveler have any special needs during the night? (sleeping, equipment, night light, etc) Yes No

If yes, explain: _____

Does traveler have any known fears Yes No

If yes, explain: _____

Does the traveler have any behavior concerns? Yes No

If yes, explain: _____

What are some management tools used when a behavior occurs? _____

MEDICAL INFORMATION (please be as specific as possible)

Check all that apply: None Dehydrates easily Diabetic Seizures Other

Explain Other _____

How do you know when traveler does not feel well? _____

Continued...

Does the traveler have any history of any of the following?

- | | |
|---|---|
| <input type="checkbox"/> Recent injury, illness or infectious disease | <input type="checkbox"/> back problems |
| <input type="checkbox"/> chronic or recurring illness/condition | <input type="checkbox"/> joint problems |
| <input type="checkbox"/> head injury | <input type="checkbox"/> diabetes |
| <input type="checkbox"/> passed out during exercise | <input type="checkbox"/> asthma |
| <input type="checkbox"/> seizure(s) | <input type="checkbox"/> history of bed wetting |
| <input type="checkbox"/> high blood pressure | <input type="checkbox"/> aggressive behavior |
| <input type="checkbox"/> heart murmur | |

Please explain all that apply: _____

Allergies

Medication Allergies & Reaction _____
Food Allergies & Reaction _____
Other _____

Medication

Does traveler take medication on a routine basis? Yes No

Please list all medications that the traveler takes routinely. This includes over-the-counter, non-prescription or prescription drugs. Please be sure to include the dosage of the medication (ex. 50mg 2 tablets), the time(s) medication is given and how the traveler takes the medication (with water, crushed in apple sauce, through g-tube, drops, etc.). Be sure to bring enough medication to last the entire duration of the trip. If medications change before the trip departs, please email an updated list as soon as possible.

Medication Name _____

Dosage

Time given: ____AM ____PM ____HS ____other

What is the best way to give the medicine to the traveler? _____

Medication Name _____

Dosage

Time given: ____AM ____PM ____HS ____other

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Dosage

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INSURANCE INFORMATION

Is client covered under Medicare or Medicaid? Yes No If Yes, Medicare or Medicaid # _____

Is the client covered by a family medical insurance? Yes No

Health Insurance Carrier: _____

Policy Number: _____

Address of Carrier: _____ City _____ State _____ Zip _____

Insurance Policy is under what name? _____

Please provide a copy of the front and back of insurance card.

CONSENT

By signing this form, I give permission for photos of the above listed traveler taken on trips and at events to be used in marketing materials for Adventures Unbound, including but not limited to, newsletters, social media, website and future printing materials. In consideration of the above listed traveler, I hereby, for the traveler, assume any and all risks which might be associated with the trips and events participated in. I acknowledge that these trips and events may involve inherent risk of injury. I agree that Adventures Unbound, its owner, volunteers and all representatives will not be liable for any injury, including, without limitation, personal, bodily, or mental injury, economic loss or any damage to the above listed traveler resulting from the negligence of the Adventures Unbound or any of the other parties listed above.

By submitting this form, I attest that the information provided on this form is true and accurate to the best of my ability.

Printed name of person filling out form

Signature

Date



Adventures Unbound Travel

Providing supervised trips
for adults with disabilities

Carrie@AdventuresUnboundTravel.com

P: 817-980-6944

824 Woodson Way Fort Worth, TX 76036