



Tulip Travel, Inc.

CUSTOMER PROFILE

Traveler name: _____ D.O.B. ___/___/___

Name of Traveler as it appears on government issued photo ID: _____

Address: _____

City: _____ State: _____ Zip: _____

Tel: _____ Vacation destination: _____ Date ___/___/___

Emergency contact: _____ Phone: _____

T-Shirt size: small medium large x-large xx-large

If affiliated with an agency, what is the agency: _____

Agency address: _____

Phone: _____ Alternate phone: _____

Fax: _____ Email: _____

Agency contact person: _____ Title: _____

MEDICAL INFORMATION

Applicants diagnosis: _____

Insurance Provider: _____ Policy Number: _____

Nurse On Call: _____

Emergency Contact (Medical): _____

Medication Administration: Independent Supervision Assistance

Medication Name	Medication Dose	Medication Time(s)
1. _____		
2. _____		
3. _____		
4. _____		
5. _____		
6. _____		
7. _____		
8. _____		
9. _____		
10. _____		

Allergies: _____

(A Medication Administration Record may be supplemented).

Is the traveler on a special diet and/or dietary restrictions? yes no *If yes, please explain.*

Does the traveler take any over the counter medications: yes no *If yes, please explain.*

Name OTC	Dose	PRN
1. _____		
2. _____		
3. _____		
4. _____		

Does the traveler have any medical conditions that prevents him/her from going on amusement park rides and/or roller coasters? yes no

Does the traveler need a wheelchair? yes no

Does the traveler need a walker? yes no

Does the traveler smoke? yes no

Can traveler have alcoholic beverages? yes no

Are there any other medical issues Tulip Travel should be aware off? yes no *If yes, please explain.*

Social/Behavioral

Please give a short description of yourself (your likes and dislikes, favorite food, etc.)

Does the traveler follow a behavior plan? yes no

Is traveler allowed to swim? yes no

How would you rate traveler's swimming skills: excellent fair poor

Does traveler have a history of seizures? yes no

Will traveler be bringing a Personal Floating Device? yes no

NOTE: All travelers with a history of seizures and/or poor swimming skills will need to bring a PFD (life jacket) on their trip in order to participate in any swimming/water activity. Tulip Travel does not provide life jackets for travelers on their trip. Swimming will only be allowed at hotels and resorts with a certified life guard on duty.

Does the traveler like amusement park rides? yes no

Does the travel have any fears (heights, darkness, lightning)? yes no *If yes, please explain.*

Self Care Skills

Skill	Independent	Needs Assistance (please explain)
Dressing	<input type="checkbox"/> yes	<input type="checkbox"/> yes
Bathing	<input type="checkbox"/> yes	<input type="checkbox"/> yes
Toileting	<input type="checkbox"/> yes	<input type="checkbox"/> yes
Eating	<input type="checkbox"/> yes	<input type="checkbox"/> yes
Hygiene	<input type="checkbox"/> yes	<input type="checkbox"/> yes
Other	<input type="checkbox"/> yes	<input type="checkbox"/> yes

Money Management

Handles own money? yes no

Needs supervision when purchasing: yes no

Escorts should keep control of my money: yes no

Our Travel Escorts are prepared to lead a safe and enjoyable vacation. Customers applying for the trip do so at their own risk, and release Tulip Travel, Inc. and its staff from liability for any harm to person or property that may occur. Customers are advised to carry their own medical insurance and/or traveler's insurance. If a customer has to be removed from the tour for medical, behavioral, or psychological reasons, the customer must pay the cost of return. Tulip Travel, Inc. is granted permission to use trip photographs of a customer for promotional purposes. Completion of the application below implies understanding and agreement to these conditions.

Signature: _____

Name: _____

Date: _____

Please mail completed customer profile to:

CHRISTINE KEILY

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