



Discovery Holidays

Guest Holiday Summary

Guest Name: _____		Holiday Name: _____	
Date of Birth: _____	Age: _____	Commence Date: _____	Time: _____
Contact Email: _____		Service End Date: _____	
Contact Phone: _____		Depart From: _____	
Companion Card: _____		Arrive From: _____	

Arrangements for getting to\from departure point: _____

Special Requests, Custom Itinerary, Other Conditions:

Guest Service Type

1:4 Independent
 1:2 Extra Assistance **LOW**
 1:1 Extra Assistance **HIGH**
 Other

Itinerary Type

Group Package
 Group Custom
 Individual Package
 Individual Custom

I have read and accepted the Holiday Terms and Conditions provided to me at the time of booking.

<input type="checkbox"/> Guest	Sign	<input style="width: 150px; height: 25px;" type="text"/>	Date	<input style="width: 80px; height: 25px;" type="text"/>
<input type="checkbox"/> Guardian/Other	Sign	<input style="width: 150px; height: 25px;" type="text"/>	Date	<input style="width: 80px; height: 25px;" type="text"/>

Office Use Only

Payment Information

Itemised Invoice Required

Deposit Received

Full Payment Received

Guest Services Documents Required

Guest Service Plan	Received	TBP
Holiday Consent & Declaration	Received	TBP
Holiday Terms & Conditions	Received	TBP
Photo ID Copy	Received	TBP

Guest Services Documents Other/Optional

Personal Care/Mobility Plan	Received	TBP
Medication Support Plan	Received	TBP
Nutrition Plan	Received	TBP
Behaviour Support Plan	Received	TBP
Medical Response Plan	Received	TBP
Passport (Copy)	Received	TBP
Consent to Exchange Personal details	Received	TBP
Fitness to Travel (GP Letter)	Received	TBP

Accommodation

Twin Share (Confirmed)	Adjoining/Interconnecting
Twin Share (Wait List)	Shower Chair/Commode
W/Chair Accessible	Hoist
Single Supplement	

Transport

Standard	W/Chair Vehicle Transfer
Easy Access/Low/Bars	Airline -Aisle Chair
Other Vehicle	Airline - Eagle Hoist

Equipment (Luggage, Mobility Aids, Other)

Extra Baggage	W/Chair - Manual
Wheeled Walker	W/Chair - Electric
Hoist	Other

W/Chair Dimension

cm Height
 cm Length
 cm Width
 kg Weight

Battery Type

Wet Acid Dry Cell Gel

Other Conditions/follow up

The appropriate wellbeing, health, safety and itinerary accessibility check have been completed and confirmed

Manager Signature

Date



Discovery Holidays

Travel Consent & Declaration

Consent for First Aid and Emergency Medical Treatment (If required)

I hereby permit Discovery Holidays' staff, who will be providing personal care and support services, to provide first aid and to take appropriate measures, including arranging emergency medical/dental care and treatment and /or ambulance transportation to the nearest medical facility, on my behalf in the event of injury or illness whilst under their care.

In making medical decisions, I direct that Discovery Holidays' staff will attempt to contact my guardian, next of kin or both as indicated below. However, if medical care becomes essential, I permit Discovery Holidays' staff to make such decisions on my behalf as deemed appropriate by the medical doctor, hospital or relevant authorised designated person.

I understand that I can withdraw or modify my consent at any time by

email to: info@discoveryholidays.com.au

writing to: Discovery Holidays, PO Box 824 Donnybrook WA 6239

Emergency Contacts

Contact Name: _____

Relationship: _____

Contact Number: _____

Contact Name: _____

Relationship: _____

Contact Number: _____

Travel Insurance Declaration (If required)

Eligible Guests may be nominated for comprehensive travel insurance cover subject to the following conditions:

I am not aware of any pre-existing condition that is likely to require medical/dental treatment during the specified period of travel.

I am fit to travel during the period specified by this agreement (and if any pre-existing condition is present, a General Practitioner has deemed in writing that I am fit to travel).

Consent to Use Photographic Images (optional)

Discovery Holidays make take photographs or video of guests whilst on holiday. Discovery Holidays will not use these images without the express consent of the individual or their legal guardian. Images may be used for promotional materials including websites, brochures, Facebook, presentations and other media purposes.

YES, I give my consent to Discovery Holidays using images that may identify me for promotional purposes related to Discovery Holidays.

NO, I do not consent to Discovery Holidays using images that may identify me for promotional purposes related to Discovery Holidays.

Commence: _____ **Time:** _____ **Service End Date:** _____ **Time:** _____

I agree with the above information and consent to receiving First Aid/Emergency Medical treatment.

Guest **Name:** _____

Sign

Date

Guardian **Name:** _____

Sign

Date