



SHORESIDE MEDICAL TREATMENT REFERRAL
GCOP-R09

EDITED: 21-04-22
VERSION: 01

TOUR NAME:

TOUR DATE:

CITY:

SHIP:

CRUISE LINE:

I _____, refuse medical care and/or to be taken to a local shoreside medical facility for any and all injuries/medical conditions which may have arose while participating on the above named tour on the date above

GUEST'S SIGNATURE: _____ **STATEROOM/SUITE:** _____