

Hotel Special Needs Accommodation Consent Form

Guest Name

Reservation Number

Check-in Date

Check-out Date

Contact Email

Contact Phone

Details of Special Needs or Accessibility Requirements

☐ Mobility Assistance ☐ Hearing Impairment Support ☐ Vision Impairment Support ☐ Special Dietary Requirements ☐ Other (please specify below)

If "Other", please specify

Consent

☐ I consent to the hotel using my information to provide special accommodations as described above.

Guest Signature

Date