

## Student Emergency Information Form

**Make at least four (4) copies of this form: 1 for yourself (put inside passport), 1 for The Office of Summer Programs, 1 for Faculty leader, and 1 for your family**

On a rare occasion, an emergency requiring hospitalization and/or surgery may occur. This form is a safeguard to prevent a dangerous delay in case of emergency.

Participant's Name: \_\_\_\_\_ Program: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Citizenship: \_\_\_\_\_

**1. Emergency Contact:**

Name \_\_\_\_\_ Relation \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

Day Phone (\_\_\_\_)- \_\_\_\_ - \_\_\_\_\_ Evening Phone (\_\_\_\_)- \_\_\_\_ - \_\_\_\_\_

**2. I am Insured Under:**

Policy Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Company Name \_\_\_\_\_

24 Hour Phone Number \_\_\_\_\_

**3. Medicines I am Allergic to:**

\_\_\_\_\_

**4. The following are medical conditions which a physician in another country should be aware of:**

\_\_\_\_\_  
\_\_\_\_\_

**5. In the event of an emergency and we cannot be reached, we give our consent to authorize a representative of the host institution to authorize treatment or hospital care which on the best judgement of a licensed physician is deemed advisable.**

Signature of Student \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_  
Or legal guardian (if applicable)

Other important phone Numbers and information (to be obtained from your faculty leader):

Abroad Program Emergency Contact Name \_\_\_\_\_  
Phone Number \_\_\_\_\_ E-mail Address \_\_\_\_\_  
Nearest Hospital to program Site \_\_\_\_\_  
Equivalent 911 \_\_\_\_\_

