

# Student Emergency Information Card

Student Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Citizenship \_\_\_\_\_

## Study Abroad Program Name

## Abroad Program Emergency Contact

\_\_\_\_\_

address

\_\_\_\_\_

phone #                      cell #                      e-mail

## Abroad Housing Emergency Contact

\_\_\_\_\_

address

\_\_\_\_\_

phone #                      cell #                      e-mail

## Home (U.S.) Campus Emergency Contact

\_\_\_\_\_

address

\_\_\_\_\_

phone #                      cell #                      e-mail

## Family (U.S.) Emergency Contact

\_\_\_\_\_

address                      city                      state                      zip

\_\_\_\_\_

phone #                      cell #                      e-mail

Insurance Company \_\_\_\_\_

Policy # \_\_\_\_\_

24-hour Ph # \_\_\_\_\_

Embassy/Consulate \_\_\_\_\_

\_\_\_\_\_

phone #

\_\_\_\_\_

address

Equivalent 911 Abroad \_\_\_\_\_

\_\_\_\_\_

phone #

Nearest Hospital Abroad \_\_\_\_\_

\_\_\_\_\_

phone #

\_\_\_\_\_

address

Passport # \_\_\_\_\_

Blood Type \_\_\_\_\_

Special medical conditions \_\_\_\_\_

Wishes in event of serious injury/death \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_