

Emergency Contact & Health/Welfare Form

Your name: _____

Your program (i.e. Slamanca, Spain, Sp11): _____

I. EMERGENCY CONTACT (required): please give us a name of the person we should contact in the event of an emergency abroad.

Name: _____ Family relationship: _____

Telephone #: Work: () _____ Fax: _____

Home: () _____ Email: _____

Your primary care physician/psychologist: Name & Phone number: _____

Your health insurance carrier: _____

(Attach a copy of your health insurance card and proof of purchased additional international travel insurance)

II. HEALTH/WELFARE INFORMATION (optional): to help ensure availability of appropriate services abroad, feel free to share with us the following information.

Are you currently receiving medical or psychological care of which you want us to be aware? Please note that we will share this with our on-site coordinator.**

Yes ___

No ___

Is there anything in your medical/psychological history of which you would want our on-site coordinator to be aware? (for example, need for allergy shots, chronic condition of some kind)

Yes ___

No ___

Do you anticipate needing any accommodation(s) on site (including classroom, academic or housing) due to a documented disability? Is so, please describe and contact as soon as possible. We will need time to make advance arrangements with our overseas colleagues. Yes ___ No ___

If the answer to any of the above questions is yes, please explain on the back or make an appointment to discuss the issue with the faculty or staff person coordinating this study abroad experience.

I have answered the above questions fully and truthfully.

Signature _____ Local Phone Number: _____

*Keep in mind that some prescription drugs may not be legal or readily available overseas. If you are currently taking a prescription drug on a regular basis, please be sure to take these factors into account as you prepare for studying abroad.