

**College of Agricultural Sciences
Office of International Programs
Emergency Contact Form for Graduate Students**

Your name: _____

Location (s) traveling to: _____

Dates of travel: _____

Purpose of trip: _____

I. YOUR PERSONAL CONTACT INFORMATION: in case we need to contact you while abroad.

Primary Email: _____ Secondary Email: _____

Global Cell Phone: _____

Address while abroad: _____

II. EMERGENCY CONTACT ABROAD: if we are unable to reach you while abroad, do you have a host we can contact?

Name: _____ Email: _____

Address: _____ Telephone #: Work: _____

_____ Home: _____

III. EMERGENCY CONTACT IN US: 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: _____

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

Your health insurance carrier: _____

***Bring your health insurance card and purchase additional HTH international travel insurance when traveling internationally**

***If you are traveling to a country on the U.S. State Department Travel Warnings List, Penn State also requires you fill out a travel request form at: <http://www.gradsch.psu.edu/policies/student/travel.html>**

Please let us know if you have any questions or concerns about your trip.

CAS Office of International Programs: 814-863-0249

CAS Study Abroad Office: 814-863-4164