

**College of Agricultural Sciences  
Office of International Programs  
Emergency Contact Form for Faculty/Staff Traveling Internationally**

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: \_\_\_\_\_

\_\_\_\_\_

(Optional) Your health insurance carrier: \_\_\_\_\_

**\*We recommend you bring your health insurance card and purchase additional HTH international travel insurance when traveling internationally if necessary**

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