



EMERGENCY CONTACT FORM
Study Abroad

The information requested below is sought to assist and inform the Office of International and Intercultural Programs of your emergency contact information in the unlikely event of an emergency during your study abroad. *Please provide current and accurate information.*

Name: _____ Student ID or SS#: _____

Host Institution: _____
(College/University)

Location: _____
(City, Country)

Fall ___ Spring ___ Summer ___ 20___

Person to be contacted in case of an emergency:

Name: _____ Relationship: _____

Address: _____
(Street address, apt. #) (City, State, zip code)

Home Phone #: (_____) _____ Work Phone #: (_____) _____

Cell Phone #: (_____) _____

Optional - Secondary contact person (in case your primary contact cannot be reached):

Name: _____ Relationship: _____

Address: _____
(Street address, apt. #) (City, State, zip code)

Home Phone #: (_____) _____ Work Phone #: (_____) _____

Cell Phone #: (_____) _____

*Medical conditions and/or medications that you take on a regular basis:

This information will remain confidential, but may be needed in case an emergency occurs.

*Disclosure not required; however, if you chose to withhold health information, you may not be adequately assisted.