



### 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 \_\_\_\_\_ city \_\_\_\_\_ state \_\_\_\_\_ zip \_\_\_\_\_

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 \_\_\_\_\_



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