

Study Abroad / Off-campus Study Emergency Information Form

The information requested below will be used only in case of emergency and is limited to the duration of your participation in your study abroad or off-campus program. The information will be kept confidential and will be destroyed upon completion of your program.

Your Name: _____

Program Destination: _____

Program Dates: _____

Home Address: _____

Home Telephone: _____

E-mail Address: _____

Emergency Contact:

Name: _____

Address: _____

Home Telephone: _____

Business Telephone: _____

E-mail Address: _____

Please list any **allergies, restrictive health conditions, medical conditions,** and **medications** that you take on a regular basis. (This information will remain confidential, but is essential in case of an emergency).
