



EMERGENCY INFORMATION – CONFIDENTIAL
(for use by Department or International Programs Office or Designate only)

STUDENT NAME & ID#: _____

ACADEMIC PROG./DEPT.: _____

EMAIL: _____

(Nationality, if not Canadian): _____

HOST UNIVERSITY/EMPLOYER/AGENCY: _____

City: _____ Country: _____

ADDRESS IN HOST LOCATION:

(Including phone # if known; if not available at this time, provide it as soon as known)

MEDICAL INSURANCE

Are you on the UW Student Supplementary Health Plan? Yes: _____ No: _____

If you are NOT on the UW Health Plan:

NAME OF OTHER INSURER(S) AND POLICY NUMBER(S):

1, _____

2 _____

PERSONAL INFORMATION

Please ensure that your EMERGENCY CONTACT has copies of your personal information including passport, OHIP number, medical/travel insurance coverage, blood type and any information such as allergies, drug sensitivities, regular medications and other information (e.g., medical condition) that might be of significance to the university, a physician or hospital treating you in any emergency situation. I have fully informed the Emergency Contact regarding all aspects of my travel, including the nature of possible risks. Student guarantees that, medical insurance is in force for the duration of the off-campus program, and in the case of an Emergency, consents to the release of personal information.

Date

Signature of Student

EMERGENCY CONTACT

Give the name and address of a designated person who can be reached on your behalf in an emergency.

NAME _____ RELATIONSHIP _____

ADDRESS _____

PHONE Home _____ Cell _____ Business _____

Fax _____ Email _____

STUDENT SHALL RETAIN COPY UNTIL THEY RETURN TO CAMPUS AND IS RESPONSIBLE FOR RETURNING SIGNED FORM PRIOR TO DEPARTURE TO THEIR ADVISOR AND (FOR INTERNATIONAL LOCATIONS) TO WATERLOO INTERNATIONAL, INTERNATIONAL PROGRAMS OFFICE, NEEDLES HALL 1101 fax: 519-888-4355