



EMERGENCY INFORMATION – CONFIDENTIAL

STUDENT:

Name: _____ Email: _____
 Student Number: _____ Destination Country: _____
 Main/Closest City: _____ Other City: _____
 Supervisor: _____
 Departure Date: _____ Return Date: _____

TRAVEL INSURANCE: It is the responsibility of the student to research and ensure adequate health insurance coverage for the duration of the trip.

OHIP # (or equivalent): _____
 Name of other insurer(s) _____
 Policy Number(s) _____
 Certification/ID Number(s) _____
 Name of policy holder (if not student): _____
 Policy holder guarantees that additional insurance is in force for the duration of the fieldwork. _____
Signature of Policy Holder

HEALTH INFORMATION: Please list any allergies, drug sensitivities, regular medications and other information that might be of significance to a physician or hospital treating you in an emergency situation.

EMERGENCY PERSONAL CONTACT:

Please check if updated in Student Centre (See Safety Away instructions. Must be up-to-date for duration of fieldwork)

Name: _____ Relationship: _____
 Address: _____
 Phone: Home: _____ Work: _____

EMERGENCY FIELD CONTACT: (e.g., hotel, sponsor in field)

Name: _____ Position: _____
 Address: _____
 Phone: _____ Email: _____

MAIL FORWARDING:

You may authorize someone to pick up/forward cheques and/or your mail by notifying Denise – statham@uwo.ca – or by providing the information below. Otherwise, mail will be held until your return.

Name: _____ Email: _____

I authorize the above-named person to pick up my mail (including cheques) while I am away (as per departure/return dates on this form). _____
Signature