



# Study Abroad Participant Emergency Information Form Valdosta State University

## Center for International Programs

ADDRESS 204 Georgia Avenue • Valdosta, GA 31698-0037 • WEB studyabroad@valdosta.edu

PHONE 229.333.7410 • FAX 229.245.3849 • WEB www.valdosta.edu/studyabroad/

The information requested below will be used only in case of emergency. The medical information will be kept confidential and will be destroyed upon completion of your program.

Name \_\_\_\_\_  
Last First Middle

University \_\_\_\_\_

Program Name or Destination \_\_\_\_\_

Date of Birth \_\_\_\_\_  Male  Female

### PRIMARY EMERGENCY CONTACT

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Primary Phone # \_\_\_\_\_ Alternative Phone # \_\_\_\_\_  
*area code + phone number* *area code + phone number*

E-mail Address \_\_\_\_\_

### SECONDARY EMERGENCY CONTACT

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Primary Phone # \_\_\_\_\_ Alternative Phone # \_\_\_\_\_  
*area code + phone number* *area code + phone number*

E-mail Address \_\_\_\_\_

### MEDICAL INFORMATION

Primary Care Physician's Name \_\_\_\_\_

Business Phone # \_\_\_\_\_

**Medical Conditions, previous medical procedures, and/or medications that you take on a regular basis. (This information will remain confidential, but is essential in case of emergency.) Use the back of this page if needed.**

I authorize the program director, site director, or the EC office to contact the person(s) listed above in the event of an emergency.

Participant's Signature \_\_\_\_\_

Date \_\_\_\_\_