Emory & Henry College Emergency Contact Form for Semseter/Summer Abroad Programs

Name:			
(last)		(first)	(middle)
In case of emergency,	please contact th	e following:	
Emergency contact 1:			
	(Name)		(Phone)
(Address)			(Relationship)
Emergency contact 2:			
	(Name)		(Phone)
(Address)			(Relationship)
Passport Number*			
Health Insurance Com	pany:		
Phone number:		Policy number:	
Medical or psychologic know about: (this info			or or the Office of International Education should
Modications that I can	not go without:		
Have you sought treat	ment for a major	medical or psychological illn	ness in the past 6 months?
If so, please explain:			
Any other information	that I want my in	structor or the Office of Inte	ernational Education to know:
Signade			Date
Signed:			Date:

^{*}Please attach a copy of the inside information from your passport.