

**SLCC Study Abroad Program
Emergency Contact & Health/Welfare Form**

Name: _____ Study Abroad Program: _____
Please Print

Student ID Number: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

I. Emergency Contact (required): Please give us the name of the person we should contact in the event of an emergency abroad. By doing so you authorize SLCC, its employees or agents to notify this person in case of an emergency.

Name: _____ Relationship: _____

Phone: Home: _____ Cell: _____ Work: _____

Email: _____

Primary care physician/mental health provider:

Name & Phone number: _____

Your health insurance carrier: _____

Your health insurance policy numbers: _____

II. Health/Welfare Information: To help ensure availability of appropriate services abroad, feel free to share with us the following information:

Are you currently receiving medical or psychological care of which you want us to be aware of? Please note that we will share this with our site coordinator. Yes _____ No _____
If yes, please describe: _____

Do you anticipate needing any accommodation(s) on site (including classroom, academic or housing) due to a documented disability? If so, please describe and contact us as soon as possible. We will need to make advance arrangements with our overseas colleagues. Yes _____ No _____

If yes, please describe: _____

I have answered the above questions fully and truthfully.

Signature: _____ Date: _____

Please keep in mind that some prescription drugs may not be legal or readily available overseas. If you are currently taking a prescription drug on a regular basis, be sure to take these factors into account as you prepare for studying abroad.