

**Salt Lake Community College
International Travel Emergency Contact &
Health and Welfare Form**

Traveler Information:

SLCC S#:	
Traveler Name:	
Cell phone:	
Email:	
Passport number:	

Health Insurance Information

Health Insurance carrier:	
Health Insurance Phone number:	
Health Insurance policy number:	

Please attach a copy of your insurance card.

Emergency Contact (required):

You authorize SLCC, its employees or agents to notify the person listed below in case of an emergency.

Emergency Contact Name:	
Relationship:	
Work Phone:	
Cell Phone:	
Email:	

Signature: _____