



SIS Abroad Programs
School of International Service

EMERGENCY CONTACT INFORMATION (please print)

Student Name: _____ Program: _____

AU ID #: _____ DOB: _____ Gender: Male Female

E-mail address: _____ In-country phone number: _____

Home Address: _____

In-country emergency contact person: _____

Relationship to student: _____

In-country emergency phone number: _____

Please list two people you would like SIS to contact in the event of an emergency. The first should be a family member you authorize to make medical decisions on your behalf.

Contact Person: _____

Relationship to student: _____

Telephone Number: _____ E-mail: _____

Address: _____

Other: _____

Contact Person: _____

Relationship to student: _____

Telephone Number: _____ E-mail: _____

Address: _____

Other: _____

PERSONAL HEALTH INSURANCE INFORMATION

Do you have any medical conditions or physical limitations that SIS should be aware of?

No Yes If yes, please provide in a sealed envelope a statement which explains your condition. All disclosures will be kept confidential.

Is your insurance provided through AU? Yes No

If not, provide information here:

Provider name: _____ Policy number: _____

Expiration date: _____