EMERGENCY CONTACT

In case of any emergency, please list anyone who you would like us to contact, and with whom you will allow us to share information about your location, situation, and logistical requirements:

1. _____ _____
   Name **Relationship to Student**
   _____ _____
   Street Address **City, State, Zip**
   _____ _____
   Telephone **E-mail**

2. _____ _____
   Name **Relationship to Student**
   _____ _____
   Street Address **City, State, Zip**
   _____ _____
   Telephone **E-mail**

Student's Signature: _____Date: _____

PASSPORT INFORMATION

Name (as listed on passport) _____

Passport number _____ Expiration Date _____Issuing Country _____

HEALTH INSURANCE CERTIFICATION

I, _____, certify that I have reviewed my medical insurance policy and I will be covered while I am abroad OR I have purchased a new policy that covers me while I study abroad OR my study abroad provider includes medical insurance in the cost of my study abroad program. In addition, I have notified the VMI Office of International Programs of any medical conditions which may affect my ability to study abroad.

Student's Signature: _____**Date**: _____

This information is required to coordinate treatment in the event of a medical emergency. **Answer "N/A" if not applicable.**

ALLERGIES

Medication allergy: Reaction: Treatment, if exposed:

_____

_____

Food or environmental allergy: Reaction: Treatment, if exposed:

_____

_____

NOTE: If you have **dietary restrictions or limitations**, we strongly recommend you discuss them with your program leader or the Office of International Programs.

MEDICATIONS

Please list any medicines you are taking on a daily, regular, or as needed basis and indicate how often and why each medicine is taken.

Name of Medication: How often taken: For what condition? Length of time treated (approx.)

_____

_____

NOTE: Participants must bring an adequate supply of medications that are required on a daily or routine basis, in their original bottles, when traveling abroad. We suggest you bring a copy of all prescriptions while traveling.