

# Student Emergency Information Form

Please complete pages 1, 3 and 4 of this form.

These Pages Will Be Shared with Staff, Faculty, or Other Stakeholders in Your Study Abroad Experience.

Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

There are several important reasons for reviewing your health conditions prior to study abroad, including, but not limited to:

- consulting with faculty on preparations (transportation, housing and activities, etc);
- drug prescription preparations (adequate supply, availability, and legal restrictions, etc);
- formally requesting accommodations for those with documented disabilities;
- personal management of existing health or mental health conditions;
- considering the location of routine and emergency medical resources overseas;
- travel immunization preparation (yellow fever, cholera, typhoid, malaria, dengue fever, rabies)
- health, safety, and legal concerns associated with HIV status, LGBTQ+ identity, etc.
- potential impact of a student's health conditions or plans on other students, staff, or faculty
- providing data during emergencies, if possible, when a student is incapacitated and unable to provide it.
- consideration that the insurance you select is the best support for your health profile and destination.

This form is **NOT** used:

- for program admission or approval purposes;
- to create an obligation or duty on the part of Evergreen State College staff or faculty to monitor, provide, obtain, or otherwise arrange medical care on your behalf.

1. **Student Health Review Worksheet:** I confirm that I have reviewed the health and safety conditions in my destination countries, as well as completed my own health profile in preparation for my study abroad plans. I have taken steps to have a healthful experience while overseas, including plans for adequate insurance and care in case of a medical event. I agree to keep a completed copy of the Student Health Review Worksheet with me while traveling as a reference in case of such an event. \_\_\_\_ initials
2. **Release of Information:** I understand that in order to plan for a safe, healthy study abroad experience for all participants, and in consideration of emergency medical situations, Evergreen staff and faculty may need to discuss aspects of my **Emergency Information Summary Form** on an as-needed basis with stakeholders in my study abroad programming. This may include Evergreen faculty or staff, contracted providers, host families, consortia partnerships, health providers, government officials, family members, and emergency contacts, among others. I hereby waive my rights under the Family Educational Rights and Privacy Act (FERPA) and in the case of European destinations, the General Data Protection Regulations (GDPR), and expressly authorize such contact and information release. \_\_\_\_ initials
3. **Student Authorization of Emergency Medical Treatment:** In the event of an emergency situation where I am unable to express my own medical care decisions, I hereby authorize the faculty, staff leader, and/or attending physician to seek emergency treatment on my behalf if, in their opinion, emergency treatment is necessary to safeguard my health. However, I acknowledge and agree that nothing in this release is intended to create any obligation or duty on the part of Evergreen faculty or staff to obtain medical care on my behalf. I further agree to pay for any charges for emergency medical treatment that are not covered by my personal health insurance. \_\_\_\_ initials

Student Signature \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature, if for a minor. \_\_\_\_\_ Date: \_\_\_\_\_

Please plan to turn this form in at your scheduled **Study Abroad Predeparture Orientation Workshop**. Note that all study abroad requirements listed on Page 2 must be completed before you receive final approval for study abroad participation.

**The Evergreen State College**  
**International Programs Office Use Only – Library 2153**

All students must complete the following study abroad requirements prior to final approval  
of their participation in their study abroad program:

**All Students:**

\_\_\_\_\_ 1. Initial Study Abroad Application Forms, vary depending on mode of study

\_\_\_\_\_ 2. Student Conduct Review Clearance

\_\_\_\_\_ 3. Payment of any initial Study Abroad Fees and Deposits

\_\_\_\_\_ 4. Student Health Review Worksheet

\_\_\_\_\_ 5. Student Emergency Information Form

\_\_\_\_\_ 6. Enrollment Agreement and Risk & Liability Release, aka Travel Waiver

\_\_\_\_\_ 7. Insurance that meets Evergreen minimum requirements for study abroad

Insurance documented by \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ 8. Attended Study Abroad Pre-departure Orientation meeting.

Conducted by \_\_\_\_\_ Date: \_\_\_\_\_

**Consortium Partner Students Only:**

\_\_\_\_\_ 9. Consortium Enrollment Agreement

**All Students Traveling in Europe:**

\_\_\_\_\_ 10. Waiver for the General Data Protection Regulations (GDPR)

**Additional Requirements as Arranged:**

\_\_\_\_\_ 11. \_\_\_\_\_

Reviewed by \_\_\_\_\_ Date: \_\_\_\_\_

This student has completed all Office of International Programs Study Abroad Requirements and is approved for participation in their faculty-led program, contract, consortium, or sister school exchange.

\_\_\_\_\_  
Signature, Office of International Programs Representative

\_\_\_\_\_  
Date

**Complete all fields! Incomplete forms will be returned. Mark NA as needed. TAB or ↓ between fields.**

**Last Name**

First Name

Middle Name, if any

Preferred Name

Preferred Pronouns

Gender Self-Identification:

Age

Date of Birth

Student ID #

Cell Phone

Email

Class Level: FR-SO-JR-SR or Masters

Emphasis/Major

**Optional:** Ethnicity or Race

**Passport Country**

Passport Number

Passport Issue Date

Passport Expiry Date

Passport Gender

**Study Abroad Program/Partner/ILC**

Faculty or Staff Sponsor

Expected Quarters Abroad: F-W-S-SU

Destination City & Country 1

Destination City & Country 2

Destination City & Country 3

**Departure Date, from US**

Departure City, from US

Final Destination City, overseas

Flight 1: Airlines and Flight #

Flight 2: Airlines and Flight #

Flight 3: Airlines and Flight #

**Return Date, from overseas**

Return City, from overseas

Final Destination City, in US

Flight 1: Airlines and Flight #

Flight 2: Airlines and Flight #

Flight 3: Airlines and Flight #

If ticket is open, list estimated date.

**Emergency Contact 1: Name**

Emergency 1 Relationship

Emergency 1 Phone

Emergency 1 Email

Emergency 1 Street Address

Emergency 1 City, State, Zip

**Emergency Contact 2: Name**

Emergency 2 Relationship

Emergency 2 Phone

Emergency 2 Email

Emergency 2 Street Address

Emergency 2 City, State, Zip

**US Insurance Company Name**

US Insurance Group Policy Number

US Insurance Personal ID #

US Insurance 24-Hour Phone

US Insurance Website

**Study Abroad Insurance Company**

Start Date of Coverage

End Date of Coverage

Policy or Personal ID #

24-Hour Phone

Website

**Required Health Data**

Dietary Restrictions 1

Dietary Restrictions 2

Allergy Info 1

Allergy Info 2

Yellow Fever Immunization:

Yes No

Cholera Immunization:

Yes No

Typhoid Immunization:

Yes No

Malaria Prevention Medication:

Yes No

US Standard: Tetanus

Yes No

US Standard: Measles, Mumps, Rubella

Yes No

US Standard: Pertussis

Yes No

Other Immunization?

Describe

**Optional Health Data**

All information shared here is subject to the FERPA and GDPR releases on Page 1.

Documented Disability: Yes or no only

Yes No

Documented Disability: Description

Other?

Other?

