

## **Study Abroad Program Emergency Contact Information Form**

Program name

Location:

Overseas institution name (if applicable):

Dates of the program:

Faculty participating:

Primary contact:

Email:

Phone:

Alternate primary contact:

Email:

Phone:

Nearest US Embassy or Consulate:

Address:

Phone:

Fax:

Email:

Host city police department:

Contact name:

Phone:

Fax:

Hospital name:

Address:

Phone:

Fax:

In-country emergency telephone number (equivalent to 911):

Red Cross/ Red Crescent or similar agency phone and fax:

Time difference from US Eastern Daylight Time:

Meeting place for program participants in case of an emergency, disaster, extreme weather or other event of crisis proportions:

Primary Location:

Secondary Location: