

Attach One
Passport-Sized
Photo Here

EMERGENCY INFORMATION SHEET

Summer School Office

Richmond, VA 23173

PHONE (804) 289-8133 FAX (804) 289-8138

Please complete the information below and return this form to the Summer School Office. **A copy of this form will be mailed to program staff abroad after your acceptance to the program.** The original will be kept in your file in the Summer School Office. This information will only be used in emergency situations.

I give consent to the University of Richmond and the host institution abroad to contact both my emergency contact listed below and my insurance company shall the need arise as deemed necessary by the staff of both the University of Richmond and the host institution abroad.

NAME: _____ SIGNATURE: _____ DATE OF BIRTH: _____
(mm/dd/yy)

CITIZENSHIP: _____ PASSPORT NUMBER: _____ UR ID Number: _____

Name of Parent or Guardian to contact in an emergency: _____

Address of emergency contact: _____

Phone number of emergency contact (Including area code): _____

E-mail Address of emergency contact: _____

Name and Telephone Number (include area code) of primary care physician: _____

MEDICAL INFORMATION - This information will be used for the purpose of academic and accommodation advising in relation to the University of Richmond's program to which you have been accepted. This information is collected with the intention of serving students to help make the study abroad experience successful. In order to better serve the students, the Summer School staff may contact the institution abroad to ensure that the facilities abroad are accessible and available (i.e., counseling center, guides for visually impaired students, study skills centers for learning disabilities, etc). If a UR program does not provide facilities that are necessary for a student's stay, then all efforts will be made to place the student in another location that can serve both the student's academic and health needs.

ALLERGIES (including to medication), SPECIAL NEEDS, i.e. dietary, disabilities or any other condition that should be taken into consideration: _____

HISTORY OF SERIOUS ILLNESS including mental health: _____

SPECIAL MEDICATION OR TREATMENT REQUIRED: _____

OTHER INFORMATION THAT MAY BE IMPORTANT IN CASES OF EMERGENCIES (use back of form, if necessary): _____