

China: Its Language and Culture
STUDY ABROAD EMERGENCY INFORMATION

The following information is to be filled out, in full, and returned immediately by all students and faculty traveling to *China* for the Summer quarter as part of the *China:its language and culture* program. All information is kept confidential. If you have any questions, please contact the Faculty at: crowleyl@evergreen.edu.

PERSONAL INFORMATION

Name: _____ Phone: _____
(AS IT APPEARS ON YOUR PASSPORT)

Address: _____ Email: _____

City: _____ State: _____ Zip: _____

PASSPORT INFORMATION

Passport Number: _____ Issue Date: _____

Issued at: _____ Expires: _____

MEDICAL INSURANCE INFORMATION

Do you have medical insurance? YES NO

If yes, please fill in the following information:

Insurance Company: _____ Policy Number: _____

Medical Number: _____ Emergency or 24-hour phone number: _____

Emergency Procedure: _____

IN ADDITION TO THIS INFORMATION, COMPLETE THE ATTACHED MEDICAL HISTORY FORM

EMERGENCY CONTACT INFORMATION [Person(s) to contact in the event of an emergency.]

(If you are providing information for more than one emergency contact, check the box below and use the back of this page for the additional information.)

I am providing information for more than one Emergency Contact: YES NO

Name: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: (_____) _____ Email: _____

Special Instructions: _____
