

CONFIDENTIAL

Brock University Study/Work Abroad Emergency Contact Form

*This form must be completed prior to departure
(please print)*

Student's Personal Information:

Student/Staff Name: _____ Date of Birth: _____
(dd/mm/yy)

Student/Staff Number: _____

Study/Work Program: _____ Term: (from) _____ (to) _____
(dd/mm/yy) (dd/mm/yy)

Citizenship: _____ Passport Number: _____

Permanent Address: _____
(street, city, province, postal code)

Permanent Telephone: (____) _____ Email address: _____

Overseas Mailing Address: _____
(street, city, province, postal code)

Alternate Email address: _____

Emergency Contact Information:

I appoint the following person(s) my Emergency Contact(s) and authorize the University to contact said person(s) for or with information about me in case of emergency.

Contact 1.

Name: _____ Relationship: _____

Address: _____
(street, city, province, postal code)

Telephone: (h) (____) _____ (w) (____) _____ (cell) (____) _____

Email: _____ Fax (____) _____

Contact 2.

Name: _____ Relationship: _____

Address: _____
(street, city, province, postal code)

Telephone: (h) (____) _____ (w) (____) _____ (cell) (____) _____

Email: _____ Fax: (____) _____

I have informed my Emergency Contact(s) about this designation and regarding all aspects of my proposed study/work abroad program including the nature of any possible risks.

Student/Staff Signature

Date