**EMERGENCY CONTACT & HEALTH/WELFARE FORM**

Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Your PSU ID number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I. EMERGENCY CONTACT (required):** please give us a name of the person we should

contact in the event of an emergency during the trip.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Student: \_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number: Cell:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home (if cell not applicable): \_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your primary care physician/psychologist: Name & Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your health insurance carrier:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**II. HEALTH/WELFARE INFORMATION (optional):** to help ensure availability of appropriate

services while on the trip, feel free to share with us the following information.

1) Are you currently receiving medical or psychological care of which you want us to be aware?

Yes \_\_\_\_\_ No \_\_\_\_\_

2) Is there anything in your medical or psychological history of which you want us to be aware?

(for example, need for allergy shots, chronic condition of some time).

Yes \_\_\_\_\_ No \_\_\_\_\_

3) Do you anticipate needing any accommodation(s) on site (including classroom, academic or

housing) due to a documented disability? If so, please describe and contact us as soon as

possible. We will need time to make advance arrangements.

Yes \_\_\_\_\_ No \_\_\_\_\_

If the answer to any of the above questions is yes, please explain on the back or make an appointment to discuss the issue with our Trip Director.

I have answered the above questions fully and truthfully.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Local Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*Keep in mind that laws regarding prescription drugs vary from state to state and country to country. If you are currently taking a prescription drug on a regular basis, please be sure to take these factors into account as you prepare for this field experience.

*FN = Field Trip Emergency Contact form*

*Updated 3/3/2006; 3/2/2015…………………A & A Financial Office*