

Emergency Procedures Forms for IUPUI Study Abroad Programs (sample)

**Please keep a copy of this document with you.
Return the original to OIA.**

TO: Stephanie Leslie
International Study Coordinator

FROM: _____
Overseas Study Faculty Director Name

Department

DATE: _____

RE: _____
Program Name

Program Dates
(FROM: date of departure from the US – TO: date of return to the US)

Number of participants – including the OSFD and accompanying faculty

In case of an emergency and you need to contact me or a member of my group, it would be helpful for you to have the following documents available:

- List of Participants (name, phone number, emergency contact person, physician – you may have students use the attached form)
- Detailed Trip Agenda
- Contact names, phone numbers, and fax numbers of destinations abroad
- Copy of all flight information (dates, cities, flight numbers)
- Students' Medical History Forms

*Please return this form with attachments to:
International Study Coordinator, IUPUI, Office of International Affairs
620 Union Drive, Room 203, Indianapolis, IN 46202
Tel: (317) 274-2081
silleslie@iupui.edu*

*** COMPLETE OTHER SIDE ***

Student Information ~ please print clearly:

Name – Last **First** **MI**

Student I D Number

Male / Female **Date of Birth (M-D-Y)**

Address in the U.S.

Phone **E-Mail Address**

Emergency Contact Name **Relationship**

Phone **Emergency Contact E-Mail Address**

Physician **Phone**

Insurance providing international coverage* **Policy #**
***Does this insurance policy cover you for medical evacuation and repatriation?**

Destination: _____

Trip Dates: _____