

Global Student Teaching Program

EMERGENCY CONTACT & TREATMENT PERMISSION

On rare occasion, an emergency requiring hospitalization and/or surgery may develop. This form is intended to prevent dangerous delay in treatment in case of emergency.

Name: _____

Destination: _____

Term Abroad: Fall 20__

Spring 20__

| | |
|---|---|
| <p>Emergency Contact #1</p> <p>Name: _____</p> <p>Relationship: _____</p> <p>Address: _____</p> <p>_____</p> <p><u>Phone numbers</u></p> <p>Work: _____</p> <p>Home: _____</p> <p>Cell: _____</p> <p>E-mail: _____</p> | <p>Emergency Contact #2</p> <p>Name: _____</p> <p>Relationship: _____</p> <p>Address: _____</p> <p>_____</p> <p><u>Phone numbers</u></p> <p>Work: _____</p> <p>Home: _____</p> <p>Cell: _____</p> <p>E-mail: _____</p> |
|---|---|

1. I am insured under:

Company Name _____

Policy Number _____

Expiration Date _____

In the event of an emergency I give permission for a representative of the host institution to authorize treatment or hospital care, which in the best judgment of a licensed health care professional, is deemed advisable.

Signature of Student _____

Date _____

Signature of Parent _____

Date _____

(Or legal guardian if applicable)

NOTE:

Make at least three (3) copies of this form:

- 1 for yourself to carry with your passport
- 1 for your TCNJ study abroad application
- 1 for host institution