Emergency Treatment Contact and Permission Form for International Traveler

Stockton University

Traveler's Name:		Z# (Stockton participant only):	
First	Last		Z00123456
Attach a scan	ned copy of passport to emai	l <i>(Optional)</i> One form per c	ountry only.
Foreign Contact Information			
Hotel or Residence Name:			
Hotel or Residence Address:			
Hotel or Residence Email Add			
Hotel or Residence Phone Number:		Cell Phone Number:	
Emergency Contact Informat			
Name:			
Address:Phone Number:			
Medical Conditions		Nciationship	
Are there any Medical Condit	ions Postrictions Dhysical or	· Devekological which may	limit vour full participation
in this program? If <i>Yes</i> , pleas	·	rsychological, which may	iiiiiit your run participatior
No	с схріані.		
Yes			
Food Restrictions:			
Health Insurance Information			
		Number	
	vider Name: Policy Number: up Number: Subscriber:		
In the event of an emergence			
a representative of the host		tment or hospital care whi	ch in the best judgment
of a licensed physician is dee			
Purpose of Travel (select one)			
	Committee Meeting	Faculty-Led Program	
Research	Other (briefly describe)		
Country	City	Departure Date from U.S.	Return Date
Residency: U.S. Citizen	Permanent Resident		
	Country of Citizenship	V	isa Status:
Visa Information			
Does your country of destination require a visa? Yes No			
(For Americans going abroad,		•	
Optional: Attach a copy of yo	ur visa (if applicable) OR Explo	ain the means of obtaining	a visa (How and When):