

ALT BREAK MEDICAL / EMERGENCY CONTACT INFORMATION

Please return to the Community Service Center, attention Shoshanna Sumka

This information will be carried during the trip by your trip's staff or faculty leader, and by the student coordinator(s), for their reference (and the reference of medical personnel) in case of an emergency. A copy will also be placed in the trip file at AU with the Assistant Vice President of Campus Life. Please type.

Name: _____ AU ID: _____

Alt Break trip / year: _____

Emergency contacts (2 for each participant):

Name:

Relationship:

Home phone:

Cell phone:

Work phone:

City, State:

Email: (Mandatory*)

Name:

Relationship:

Home phone:

Cell phone:

Work phone:

City, State:

Email: (Mandatory*)

Health insurance company:

Policy number:

Group number:

Name of Primary Insured on policy:

**If contact does not have an email, please provide an email from someone that can easily be in touch with your contact.*

Since medical care differs throughout the US and the world, please answer the following questions in detail:

1. Please list any dietary restrictions (food allergies, as well as preferences (such as vegetarian)):

2. Please list all medications that you take and any medications that you need to travel with (such as insulin or asthma inhaler):

3. Please list all medical conditions/history and/or allergies (continue on back if needed):

4. Are you allergic to any medications? Please list:

Signature: _____ date: _____

Please attach a copy of your health insurance card (both sides of the card, if relevant)