

EMERGENCY CONTACT INFORMATION

Please fill out the information requested in the space provided and carry it with you at all times during your time abroad. This will help you to seek assistance in case of an emergency, or could be found on your person if you are involved in an accident and left unconscious.

Your Name:	
USA Permanent Address	Local Address
Phone:	Phone:
MU Program Coordinator	Host Institution Program Coordinator
Phone:	Phone:
Closest US Embassy	Closest Hospital
Phone:	Phone:
US Emergency Contact	Host Country Emergency Contact
Name:	Name:
Phone:	Phone:
Important Medical Information (ie, blood type, allergies to medicines, pre-existing conditions, etc.)	