

EMERGENCY CONTACT & HEALTH FORM

Student Name: _____

PSU ID Number: _____ Date of Trip: _____

Program/Trip Name: _____

Phone Number While Traveling _____

I. EMERGENCY CONTACT (required): Please give us a name of the person we should contact in the event of an emergency during the trip.

Name: _____

Relationship to Student: _____

Telephone Number: _____

Email: _____

Your primary care physician Name: _____

Phone Number: _____

Your health insurance carrier: _____

II. HEALTH/WELFARE INFORMATION (optional): to help ensure availability of appropriate services while on the trip, feel free to share with us the following information.

1) Are you currently receiving medical or psychological care of which you want us to be aware?
Yes _____ No _____

2) Is there anything in your medical or psychological history of which you want us to be aware?
(for example, need for allergy shots, chronic condition of some time).
Yes _____ No _____

If the answer to any of the above questions is yes, please explain below or make an appointment to discuss the issue with **Mary Beth Aber** in Student Services.

I have answered the above questions fully and truthfully.

Signature _____

****Keep in mind that laws regarding prescription drugs vary from state to state and country to country. If you are currently taking a prescription drug on a regular basis, please be sure to take these factors into account as you prepare for this trip.**