



# Emergency Contact Information

This form is intended for your designated emergency contact.

## Student Information

Purpose of Trip

Full Name (as appears on passport)

Preferred Name

Primary Phone Number

Secondary Phone Number

Email address

Address

City, Province, Postal Code

Date of Birth (dd/mm/yy)

UFV Student Number

## Passport Information

Passport Number

Date of Issue

Passport Expiry Date

Citizenship

Country of Issue/ Issuing Authority

## Health & Insurance Information

BC Services/Care Card #

Health Insurance Company Name

Policy Number

Expiration Date

Doctor's Name

Doctor's phone number

Blood type

Medical conditions (if relevant)

Known allergies / drug sensitivities

Reaction

Treatment if exposed

Regular medication(s) (if relevant)

Travel vaccination(s)

Travel vaccination date