

# HUMBOLDT STATE UNIVERSITY

## Student Emergency Information Card

Student name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Citizenship: \_\_\_\_\_

Study abroad program name: \_\_\_\_\_

### Abroad program emergency contact

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Abroad housing emergency contact

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Home (U.S.) campus emergency contact

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Family (U.S.) emergency contact

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Insurance company: \_\_\_\_\_

Policy #: \_\_\_\_\_

Contact phone #: \_\_\_\_\_

Embassy/Consulate phone #: \_\_\_\_\_

Equivalent 911 abroad phone #: \_\_\_\_\_

Nearest hospital abroad phone #: \_\_\_\_\_

Passport #: \_\_\_\_\_

Blood type: \_\_\_\_\_

Special medical conditions: \_\_\_\_\_

Current medication/special requirements: \_\_\_\_\_

\_\_\_\_\_