

# EMERGENCY INFORMATION FORM

(Please print all information)

Name \_\_\_\_\_  
Last First

Program Location \_\_\_\_\_

Term (please ✓ one):  Fall  Acad. Yr.  Spring  Summer

Write name on back of photo.

Tape photo here.

E-mail address that you will be using while abroad: \_\_\_\_\_  
(please print in CAPITAL BLOCK LETTERS)

In an emergency, I authorize the UW-Platteville to contact my parents/guardians at the following:

Father \_\_\_\_\_ Mother \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_

Business Phone: ( ) \_\_\_\_\_ Business Phone: ( ) \_\_\_\_\_

If my parents/guardians are not available, the following may be contacted:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Office Phone ( ) \_\_\_\_\_

\_\_\_\_\_  
Name (Please print)

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

Please complete and return to: Program Director