

Office of International Programs Emergency Information Form

The information requested below will be used only in case of emergency and is limited to the duration of your participation in a Bridgewater State College-sponsored study away travel program. The information will be kept confidential and will be destroyed upon completion of your program.

Your Name: _____

Program Destination: _____ Program Dates: _____

Country of Citizenship: _____ Passport #: _____

Permanent Home Address: _____

Home phone: () _____ Cell () _____ BSC Email _____

Emergency Contact in the USA:

Name: _____ Relationship to you: _____

Address (if different from above): _____

Home phone: () _____ Cell () _____ Fax _____

Business phone: () _____ Email _____

Education Away Program and Name of Main Contact Person (if available):

Program Name: _____ Contact Person: _____

Address: _____ Country: _____

Phone: () _____ Fax: () _____ Email _____

Insurance Information:

Policy Name and Number: _____

International phone number to call to report an accident/claim: _____

Please return this form before departure to: Office of International Programs, Maxwell Library, Room 100B
Bridgewater State College, Bridgewater, MA 02325. Fax 508-531-6131. Have a safe journey!