



## EMERGENCY CONTACT & MEDICAL INFORMATION FORM

Global College of Long Island University, 9 Hanover Place, 4<sup>th</sup> Floor, Brooklyn, NY 11201

Return this form to the address above. This information will be sent to the Global College Center where you are registered. Please use dark ink and write clearly. A new form must be submitted each year, or more frequently if there is a change in information.

Name of Student: \_\_\_\_\_

Student ID # : \_\_\_\_\_

Global College Center: \_\_\_\_\_

Semester (s)/Year: \_\_\_\_\_ / \_\_\_\_\_  
Semester Year

Date of participation: from \_\_\_\_\_

until: \_\_\_\_\_

### **EMERGENCY CONTACT:**

In case of emergency, we will contact the first person listed. If unavailable, we will contact the second person listed.

1) Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone #: \_\_\_\_\_

Alternate #: \_\_\_\_\_

Email Address: \_\_\_\_\_

2) Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone #: \_\_\_\_\_

Alternate #: \_\_\_\_\_

Email Address: \_\_\_\_\_

### **INTERNATIONAL HEALTH INSURANCE:**

International Health Insurance is MANDATORY for Global College students traveling outside of the United States. Students will automatically be enrolled in, and billed per semester for, the school-sponsored health insurance plan on their bursar account. Coverage is limited to treatment of injuries and illnesses sustained while traveling abroad but an upgrade to include domestic coverage may be available. **Please refer to your policy information booklet and contact Phyllis Hintze in Risk Management at 516-299-2550 or 516-299-2599 for more information.**

### **MEDICAL INFORMATION:**

Do you have any physical handicaps that would limit your travel and/or participation in this Program?

no  yes

(If yes, please describe)

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Are you currently taking medication, or require regular medication?

no  yes

(If yes, please describe)

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Do you have any allergies to medications or foods, or any dietary restrictions?

no  yes

(If yes, please describe)

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Blood Type: \_\_\_\_\_

Please provide any other information relevant to your health which may be necessary for Program personnel to know during your travel.

### **AUTHORIZATION:**

I acknowledge that I understand my international health insurance is mandatory and the health history is correct, that I am in good health, and that I have no physical conditions that affect my ability to travel and/or participate in any of the activities involved in Global College. I understand that I am responsible for notifying the appropriate Program administrator immediately of any injury, sickness or other medical condition or change to the medical information herein provided.

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(Signature of Participant)

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(Date)

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(Signature of Parent/Guardian if Participant is under 21 years of age.)

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(Date)