

Sacred Heart International Summer Service Project



June 18 – July 9, 2005

EMERGENCY INFORMATION

Name: _____

Passport Information:

Country: _____ Number: _____ Exp. Date: _____

Contact Information:

In case of emergency, please contact:

Name (#1): _____ Relationship: _____

Daytime tel.: _____ Evening tel.: _____

Cell: _____

Name (#2): _____ Relationship: _____

Daytime tel.: _____ Evening tel.: _____

Cell: _____

Medical Information:

Blood type: _____

I am allergic to the following medications:

I am taking the following medications:

I am allergic to the following foods:

Is there any additional medical information that the staff should know about?

My insurance carrier has certified to me that the following policy which is currently in force will cover me while I am abroad:

Name of company: _____

OVER

Address: _____

Policy No. _____
Valid through (date): _____

I further understand that I am responsible for providing my coverage for health, accident, medical and hospital in the event that I should need any services while I am abroad.

Name: _____
Program: _____
Signed: _____
Date: _____

ALL PARTICIPANTS MUST BE INSURED. IF YOU DO NOT CURRENTLY HAVE INSURANCE THAT WILL COVER MEDICAL-RELATED EXPENSES IN MEXICO YOU MUST PURCHASE A COVERAGE PLAN. THIS IS FOR YOUR PROTECTION!

International Student Exchange (ISE) ID cards are one option. The *ISE* ID card is an internationally recognized identification & discount card available to students, youth between the ages of 12 & 26 years & faculty. Cards cost approximately \$25.00 (U.S.). Please call 800.368.7878 (North America) or visit their website at <http://www.isecard.com/isecard/about.html> for more information or to order your card.