

Emergency Contact Information for Student Travel

*This form must be completed by all students participating in any academic or co-curricular program or activity requiring local or overnight travel. **Hamline University adheres to a strict confidentiality policy for personal information. Any information will only be furnished to the appropriate university authorities when necessary.***

General Participant Information

Full Name _____

Date of Birth ___/___/___ Cell/Emergency phone _____

Email _____ Hamline ID# _____

Permanent Address _____

Program Name _____

Date(s) of Program _____

Emergency Contacts

Full Name _____ Relationship _____

Email address _____ Emergency phone _____

Full Name _____ Relationship _____

Email address _____ Emergency phone _____

Medical Insurance Information

Policy Holder Full Name _____

Policy Number _____

Group Number _____

Medical Insurance Company _____

Medical Information

Do you require any health or medical conditions it is important for us to know about?

No Yes (provide details where appropriate)

Do you require any medical or disability-related accommodations?

No Yes (provide details where appropriate)

Do you have any allergies or take any medications on a regular basis?

No Yes (provide details where appropriate)

Participant Signature _____

Date _____

The information listed above is correct to be the best of my knowledge.