

**MANDATORY**  
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# School of Professional and Continuing Studies Emergency Information Questionnaire

Summer School Office, Richmond VA Phone (804) 289-8133 Fax (804) 289-8138



## INSTRUCTIONS

The University of Richmond is committed to making study abroad opportunities available to all students. If you have a disability that may require an accommodation abroad, the Summer Study Abroad office will assist you in working with the program or university abroad. We recommend that you contact the director of the program to determine what, if any, documentation the program may require in connection with a request for an accommodation.

We recommend you contact the director of the program to find out if the program requires any medical information prior to or upon your arrival.

If you have a medical condition, you should consider whether you want to notify the host program of that condition, as it may be useful information in a medical emergency.

If you take medication on a regular basis, it is important to find out if your medications are legal in the country(ies) where you will study and perhaps travel to during your study abroad program. Resources to inquire regarding the legality of medication may include your physician, the program abroad or the consulate of the country where you will be studying. In some cases, it may be legal to bring in an adequate supply of medicine even if the medication is not manufactured or legal in the country where you will be studying. In other cases, the medication may be illegal to import. Students on a UR study abroad program can consult with FrontierMedex (Toll Free: 1-800-586-0753) regarding the availability and legality of medications abroad. This call should be made several months prior to departure. Students should have the policy number (GLMN01060648) available when calling FrontierMedex.

Students who need to take with them a supply of medication, may need to request a vacation override from the insurance company.

A copy of this form will be sent to the director of the program. The original will be kept in your file in the Summer School Office.

By completing and submitting this form, you give your consent to the University of Richmond and to the host institution abroad to contact your parent or guardian and/or the insurance company named herein as deemed necessary for your health and welfare.

(\* ) Indicates the question is required.

NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ CITIZENSHIP: \_\_\_\_\_  
(mm/dd/yy)

PASSPORT NUMBER: \_\_\_\_\_ UR ID Number: \_\_\_\_\_

1. Name of person to contact in an emergency: \_\_\_\_\_

2. Full address of the emergency contact named above: \_\_\_\_\_

3. Home telephone number, with area code, of your emergency contact: \_\_\_\_\_

4. Mobile telephone number, with area code, of your emergency contact: \_\_\_\_\_

5. Email address of your emergency contact: \_\_\_\_\_

6. Name and telephone number, with area code, of your primary care physician: \_\_\_\_\_