



EMERGENCY CONTACT INFORMATION FOR INTERNATIONAL WORK/STUDY ACTIVITIES

The following information must be submitted to the Office of International Collaboration and Development. This information is for safety and security purposes only and will be kept confidential by RRU's International Programs.

CONTACT INFORMATION

Surname (Family name) First Name Middle Initial

Student/Employee ID Number Phone Email

EMERGENCY CONTACT #1

Surname (Family name) First Name Relationship to you

Address

City/Town Province/Territory Country
Postal Code

Home Phone # (Area Code, Phone # & Extension) Fax # (Area Code, Fax #)

Work # (Area Code, Phone # & Extension) Cell Phone # (Area Code, Phone #)

Email Addresses: -----

EMERGENCY CONTACT #2

Surname (Family name) First Name Relationship to you

Address

City/Town Province/Territory Country Postal Code

Home Phone # (Area Code, Phone # & extension) Fax # (Area Code, Fax #)

Work # (Area Code, Phone # & extension) Cell Phone # (Area Code, Phone #)

Email Addresses: -----

TRAVEL

Arrival	_____	_____
	Date (mm/dd/yyyy)	Time
	_____	_____
	Air Carrier	Flight #
Departure	_____	_____
	Date	Time
	_____	_____
	Flight #	Air Carrier

Other means of travel, if any, with timings: _____

ACCOMMODATION

Residence Name

Address

Contact Name

Telephone (with country code) Fax Email

MEDICAL INSURANCE

Name & Address of Medical Insurance Provider

Policy Number

Period of Validity

Provider Contact Information (telephone numbers)

PASSPORT

You must include a scanned copy or photocopy of your passport details page.

Name as Inscribed

Passport Number

Place of Issue

Date of Issue(mm/dd/yyyy)

Date of Expiry (mm/dd/yyyy)

SIGNATURE

I give permission to Royal Roads University to provide this information as needed in the event of an emergency.

Signature (don't type)

Date (mm/dd/yyyy)