

EMERGENCY INFORMATION-CONFIDENTIAL**University of Waterloo - Department of Earth and Environmental Sciences**

(Only for use by the Department in case of emergency)

FIRST NAME: _____ LAST NAME: _____ STUDENT ID#: _____

ACADEMIC PROG./DEPT.: _____

EMAIL: _____ PHONE: _____

DEPARTURE DATE: May 29, June 5 and June 19, 2017 RETURN DATE: same day

ADDRESS OF FIELD TRIP LOCATION:

North Campus Research Site

(Including phone # if known)

MEDICAL INSURANCE

Are you on the UW Student Supplementary Health Plan? Yes: ____ No: ____

If you are NOT on the uWaterloo Health Plan:

NAME OF OTHER INSURER (INCLUDING OHIP) AND POLICY NUMBER: _____

MEDICAL CONDITION

If you have any medical conditions (such as allergies, drug sensitivity, or asthma) that might be of significance to the field trip leaders or a physician treating you in an emergency, please indicate them below: _____

EMERGENCY CONTACT

Give the name and address of a designated person who can be reached on your behalf in an emergency.

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____

PHONE: Home _____ Cell _____ Business _____

EMAIL: _____

PERSONAL INFORMATION

Please ensure that your EMERGENCY CONTACT has copies of your personal information including passport, OHIP/UHIP number, medical/travel insurance coverage, blood type and any information such as allergies, drug sensitivities, regular medications and other information (e.g., medical conditions) that might be of significance to the university, a physician or hospital treating you in any emergency situation. I have fully informed the Emergency Contact regarding all aspects of my travel, including the nature of possible risks. Student guarantees that, medical insurance is in force for the duration of the off-campus program, and in the case of an Emergency, consents to the release of personal information.

Date_____
Signature of Student

STUDENT IS RESPONSIBLE FOR RETURNING A SIGNED FORM PRIOR TO DEPARTURE TO THEIR TRIP LEADER.