



## **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)