



Global Field Study-Emergency Contact Form

Please Print Clearly

Traveler First name: _____ Last name: _____

Trip Location and Semester: _____

Please list the name, phone number, email and relationship for two emergency contacts who are not traveling with you on the Global Field Study

1st Emergency Contact Name: _____

1st Emergency Contact Number: _____

1st Emergency Contact Email: _____

1st Emergency Contact Relationship: _____

2nd Emergency Contact Name: _____

2nd Emergency Contact Number: _____

2nd Emergency Contact Email: _____

2nd Emergency Contact Relationship: _____

Please list any life-threatening allergies or other medical conditions that the Global Field Study faculty should be aware of in case of emergency:

The information on this form will only be held by the Global Field Study faculty member and the University of Baltimore POC for the trip. This information will not be shared with any other person unless emergency dictates sharing.

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