FLORIDA ATLANTIC UNIVERSITY
OFFICE OF INTERNATIONAL PROGRAMS
STUDY ABROAD PROGRAMS

FACULTY EMERGENCY CONTACT INFORMATION, ALLERGY, and REIMBURSEMENT FORM

Please include a copy of the picture page of your passport with this form

Personal Information

Name of faculty member: _____

Study abroad program (Country and city): _____

Home mailing address: _____

Z number: _____ Office phone number: _____

Email: _____ Alt. Email: _____

Cell phone number: _____ Home phone number: _____

Emergency Contact Information

Name:_____
Last First Relationship

_____
Number and street Apt. #

_____
City State Zip code

Cell phone number: _____ Office phone number: _____

Home phone number: _____ E-mail address: _____

Allergy Information

Are you allergic to any foods? _____
If so, what foods? _____
Are you allergic to any medications?_____
If so, what medications? _____
Is there any other information we need to know in the event of an emergency? _____
_____

Return to: Office of International Programs, SU 106, Boca Raton Campus