Emergency Contact/Health Insurance Information
Edinburgh, Scotland Trip, August 2009

Participant's Name: _____ WCSU ID#: _____

In case of emergency, who in the United States should we notify?

Primary Emergency Contact:

Name: _____
Relationship to you: _____
Street address: _____
City: _____
State: _____ Zip: _____
Email address: _____
Home Telephone ( ) _____
Work Telephone ( ) _____
Cell phone ( ) _____

Secondary Emergency Contact:

Name: _____
Relationship to you: _____
Street address: _____
City: _____
State: _____ Zip: _____
Email address: _____
Home Telephone ( ) _____
Work Telephone ( ) _____
Cell phone ( ) _____

Do you have Health Insurance? ☐ Yes ☐ No

_____ _____
Name of Insurance Company Policy Number

_____ _____
Address Telephone Number

_____
City State Zip

Note: You will also receive emergency health insurance as part of this program.