Foreign Travel Information Form

All students, faculty and staff traveling outside the United States under any program associated with The University of Scranton must register, at least two weeks in advance of their travel, with the Office of the Associate Provost for Academic Affairs.

Please answer the following questions:

Name: __________________________________________________________________

Country: __________________________________________________________________

Dates of Travel___________________________________________________________
(you may attach the itinerary to the form)

Travel Contacts: (include name, phone numbers)

Host Institution: __________________________________________________________
_______________________________

Hotel: ________________________________
_______________________________

Host Family: ________________________________
_______________________________
Health and Emergency Information Form

Name_________________________ Date of Birth ________________

Faculty/Student ID: R______________________________

Person to Contact in an Emergency ________________________________

Relationship ____________________________________________________

Address _________________________________________________________

______________________________________________________________

Phone Numbers __________________________________________________

Important Medical Information (Asthma, Allergies, Diabetes, etc.)
________________________________________________________________
________________________________________________________________
________________________________________________________________

Are you taking medication of any kind? (If so, please list)
________________________________________________________________
________________________________________________________________
________________________________________________________________

Please explain any other pertinent health, medical or emergency information.
________________________________________________________________
________________________________________________________________
________________________________________________________________

I agree to release the above information to the Coordinator, Director, Faculty and Chaperones of my Service trip or Credit Bearing Study Abroad Courses.

Date________________ Signature ______________________________________