

University of Pennsylvania
School of Social Policy and Practice (SP2)

Emergency Contact Information Form

Your name: _____ Host Country: _____

Name of on-site contact person in your host country: _____

If other than SP2:

Name of university or institution sponsoring the program:

Contact person at sponsoring university or institution:

Name: _____ Telephone: _____

Emergency Contact Person(s) #1:

Name: _____ Telephone: _____

Relationship: _____ Alternate Tele: _____

Name: _____ Telephone: _____

Relationship: _____ Alternate Tele: _____

Address: _____

Emergency Contact Person(s) #2:

Name: _____ Telephone: _____

Relationship: _____ Alternate Tele: _____

Name: _____ Telephone: _____

Relationship: _____ Alternate Tele: _____

Address: _____

If available, your international cell phone number: _____

Your e-mail address while traveling: _____

Your signature granting us permission to communicate with these contact persons should an emergency arise:

Signature

Date