



Oklahoma State University
Emergency Contact and Insurance Information for Off-Campus Study

EMERGENCY CONTACT INFORMATION

Program

Program Dates:

Participant Name:

CWID :

E-mail:

Cell Phone:

EMERGENCY CONTACTS

Primary Contact in case of emergency:

Email Address:

Relationship:

Address:

Home Phone:

Cell Phone:

Work Phone:

Employer:

Secondary Contact in case of emergency:

Email Address:

Relationship:

Address:

Home Phone:

Cell Phone:

Work Phone:

Employer:

INSURANCE INFORMATION

Do you have health and accident insurance that covers you abroad?

YES NO

Name of insurance company:

Address of insurance company:

Phone number of insurance company:

Name of policyholder:

Policy number:

Group number:

Return this form to your program provider