

**FRESNO PACIFIC UNIVERSITY  
INTERNATIONAL PROGRAMS AND SERVICES OFFICE  
GLOBAL EDUCATION PROGRAM**

**EMERGENCY INFORMATION FORM**

**The information requested below will be used only in case of emergency and is limited to the duration of your participation in an FPU-sponsored overseas program. The information will be kept confidential.**

**Your Name** \_\_\_\_\_

**Program Destination** \_\_\_\_\_

**Program Dates** \_\_\_\_\_

**Home Address** \_\_\_\_\_

**Home phone#** \_\_\_\_\_

**In case of emergency, contact:**

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

\_\_\_\_\_

**Home Phone#** \_\_\_\_\_

**Business phone#** \_\_\_\_\_

**Please list any medical conditions and/or medication that you take on a regular basis.**

**(This information will remain confidential, but is essential in case of emergency)**

**TURN THIS FORM INTO THE STUDY TOUR LEADER**