

**FRESNO PACIFIC UNIVERSITY
INTERNATIONAL PROGRAMS AND SERVICES OFFICE
SUMMER 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)