

MOUNT ALLISON UNIVERSITY
INTERNATIONAL TRAVEL FORM FOR STUDENTS

Name of Participant _____

Local Address of Participant _____

DOCUMENT INFORMATION

Passport Number _____ Visa number (if applicable) _____

Travel Insurance Policy Issuer and Number _____

MEDICAL EMERGENCY INFORMATION

Name of Medical Doctor _____ Phone Number _____

Medical Conditions or Health Issues _____

Emergency Medications _____

Provincial Medicare Number _____ Province _____

Emergency Contact Person _____ Phone Number _____

Address of Contact Person _____

TRAVEL INFORMATION

Name/Title of Trip _____

Departure Date _____ Return Date _____

Destination (s) _____

Name of Trip Leader/Coordinator _____

Address of Lodging at Destination _____

Phone number to contact at Destination _____

Participant Signature _____