

## China Center Student Emergency Contact Form

*This form is used in case of emergency and will be given to you on the first day of the Orientation Period. Please fill out this form completely and legibly and submit to the Academic Director by the second day of Orientation and keep a copy for your own records. All information will be kept confidential.*

### Personal Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Nickname: \_\_\_\_\_ Gender: \_\_\_\_\_

Nationality: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Social Security: \_\_\_\_\_

Passport Number: \_\_\_\_\_ Date of Issue: \_\_\_\_\_

Place of Issue: \_\_\_\_\_ Date of Expiration: \_\_\_\_\_

Visa Number: \_\_\_\_\_ Visa Type: \_\_\_\_\_

Date of Entry: \_\_\_\_\_ Date of Expiration: \_\_\_\_\_

### Emergency Contact Information

Local Address: \_\_\_\_\_ Local Home Phone: \_\_\_\_\_

Local Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

U.S. Contact Person: \_\_\_\_\_ Relation: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## Financial Information

Health Insurance Plan: \_\_\_\_\_ Insurance Number: \_\_\_\_\_

Insurance Contact:

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Credit Card Name: \_\_\_\_\_ Credit Card Number: \_\_\_\_\_

Date of Expiration: \_\_\_\_\_ Name on Card: \_\_\_\_\_

Date of Return Flight: \_\_\_\_\_ Time of Return Flight: \_\_\_\_\_

Airline Carrier: \_\_\_\_\_ Flight Number: \_\_\_\_\_

Traveler's Check Company: \_\_\_\_\_ Refund Agent: \_\_\_\_\_

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List each denomination and associated serial number range:

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## Medical Information

Prescriptions: \_\_\_\_\_ Blood type: \_\_\_\_\_

Allergy to medicine: \_\_\_\_\_ Health Problem: \_\_\_\_\_

Any other information we should know to best ensure your safety: \_\_\_\_\_

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