

ALBERT EINSTEIN COLLEGE OF MEDICINE
GLOBAL HEALTH SUMMER/SENIOR FELLOWSHIP

Emergency contact information

STUDENT INFORMATION

LAST NAME:	FIRST NAME:	MI:
PASSPORT #:	PASSPORT EXP DATE:	

UNITED STATES EMERGENCY CONTACT INFORMATION

LAST NAME:	FIRST NAME:	MI:		
RELATIONSHIP TO TRAINEE:	EMAIL ADDRESS:			
CURRENT ADDRESS:	NUMBER AND STREET	CITY	STATE	ZIP CODE
HOME PHONE:	CELL PHONE:	WORK PHONE:		

_____ *(initial)* I authorize a GHC representative to contact this person in the event of an emergency

GLOBAL HEALTH FACULTY MENTOR CONTACT INFORMATION

LAST NAME:	FIRST NAME:	
DEPARTMENT:	TITLE:	
HOME PHONE:	CELL PHONE:	WORK PHONE:
PAGER:	EMAIL ADDRESS:	

ON-SITE EMERGENCY CONTACT INFORMATION

LAST NAME:	FIRST NAME:		
TITLE/POSITION:	EMAIL ADDRESS:		
CURRENT ADDRESS:	NUMBER AND STREET	CITY	COUNTRY
HOME PHONE:	CELL PHONE:	WORK PHONE:	
PREFERRED WAY TO BE CONTACTED:			

UNITED STATES EMBASSY INFORMATION

EMBASSY LOCATION/ADDRESS:
EMBASSY PHONE NUMBER:

ADDITIONAL TRAVEL PLANS (IF APPLICABLE)

PRE- OR POST-ELECTIVE TRAVEL PLANS (PLEASE INCLUDE DATES, LOCATIONS, ACCOMPANYING FRIENDS & FAMILY):
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