

**International CO-OP Work Term
Emergency Information**

Student name: _____

Student number: _____

Date: _____

Insurance coverage

Provider: _____

Policy number: _____

Please attach a copy of the policy.

Date of departure: _____

Date of return: _____

Emergency contacts

Name: _____

Relationship: _____

Home phone: _____

Work phone: _____

Cell phone: _____

E-mail: _____

Name: _____

Relationship: _____

Home phone: _____

Work phone: _____

Cell phone: _____

E-mail: _____