

EMERGENCY CONTACT INFORMATION

Providing the following information may be essential in assisting you in an emergency. This information will we consulted only in case of emergency. A copy will be left on file at the University of Ottawa during the field trip and will be destroyed after you have returned. Please write on the back of this form any further information that you would like to provide to a health professional in case of emergency.

Name (as it appears on passport)		Issu	Issuing Country							
Passport Number	Place of Issue	Place of Issue		Date of Issue			Date of Expiry			
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Name of Policy Holder (if not you	u)	Insurance Co	ompany pro	oviding	cover	age				
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Medical Information			уууу	dd	mm .	уууу	dd	mm		
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	Allergies									
Medical History (illness, surgery	(Positive) ☐ - (Negative) , medications taken or cur	rrently on, oth	er treatmer	its)						
Students' Signature			NAME OF THE OWNER.			SECON				
I give permission to the University of O	ttawa to provide this information	n as needed in th	e event of an	emergen	су	Date				
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