



# Student Information Form

## Student International Travel

Please complete and return to

### Student Information

Purpose of Trip

Full Name (as appears on passport)

Preferred Name

Primary Phone Number

Secondary Phone Number

Email Address

Address

City, Province, Postal Code

Date of Birth (dd/mm/yy)

UFV Student Number

### Family Member and/or Guardian Contact Information

Family Member and/or Guardian Contact Name

Primary Phone Number

Secondary Phone Number

Address

City, Province, Postal Code

Email Address

Relationship

### Emergency Contact Information

Emergency Contact Name

Primary Phone Number

Secondary Phone Number

Address

City, Province, Postal Code

Email Address

Relationship

### Passport Information

Passport Number

Date of Issue

Passport Expiry Date

Citizenship

Country of Issue/ Issuing Authority



Health Insurance Information

BC Services/CareCard #

Health Insurance Company Name

Policy Number

Expiration Date

Medical and Critical Information

Please ensure that your EMERGENCY CONTACT has copies of your personal information including passport, BC Services/Care Card number, medical/travel insurance coverage, blood type and any information such as allergies, drug sensitivities, regular medications and other information (e.g., medical condition) that might be a significance to UFV, a physician or hospital treating you in any emergency situation.

I have fully informed my EMERGENCY CONTACT regarding all aspects of my travel, including the nature of possible risks. Student guarantees that medical insurance is in force for the duration of the international travel and, in the case of an Emergency, consents to the release of personal information as per the Freedom of Information Consent form.

\_\_\_\_\_ Student Initials

Identification of Disabilities/Special Needs

Are you registered with the UFV Disability Resource Centre (DRC)?  No  Yes

*If Yes, please discuss your plans to travel abroad with your DRC coordinator so you might increase your options abroad.*

If you think you may be eligible, contact 604-864-4609 or visit [ufv.ca/disabilityservices/](http://ufv.ca/disabilityservices/)

Do you have a disability that will require accommodations while abroad?  No  Yes

*If Yes, you must register with a DRC coordinator. This must be done in a reasonable timeframe so as to allow for satisfactory evaluation of the requested accommodation and adequate time to implement the accommodation, if any. If you do not disclose your disability or request accommodations in a timely manner, UFV may not be able to assess and accommodate your needs. More time is needed for more significant accommodation requests.*

Acknowledgement

I acknowledge that I have read the information contained on this Student Information Form. I acknowledge that I am responsible for my own safety and for advising UFV of any accommodation and/or medical condition which may impact my ability to fully participate in any international program and/or activity. Since emergency medical treatment may not be available at all times during this international trip, I also acknowledge my responsibility to travel with whatever medications necessary for my own health and safety.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Student

