



## HURON UNIVERSITY COLLEGE Emergency Contact Information

The student must supply the name and related information for a person (usually a family member) who may be contacted at any time during the course of the international activity.

STUDENT'S FULL NAME:

STUDENT'S HOME INSTITUTION

Emergency Contacts:

### HOME

Name

Address

Telephone:

Home:

Work:

Cell:

Email

Relationship to this person:

### IN CANADA

Name

Address

Telephone:

Home:

Work:

Cell:

Email

Relationship to this person:

I consent to the disclosure of relevant information by Huron University College to the person named above for the duration of my participation in the international activity. That information may include, but is not limited to, my address, telephone number, e-mail address, travel plans, personal situation, and/or academic situation.

Signed on this  day of  20

STUDENT'S SIGNATURE