

STUDENT EMERGENCY ACTION PLAN

Hybrid Travel Course



Program Title: _____

Student Information

Student Name: _____ Date of Birth: _____

Citizenship: _____ Passport #: _____

Visa (Country & # if applicable): _____

Student Phone # while travelling: _____

Student E-mail while travelling: _____

Blood Type: _____ Allergies: _____

Special Medical Conditions: _____

Medications: _____

Wishes in event of serious injury/death: _____

Insurance Information

Personal Medical Insurance

Carrier/policy #: _____

Phone #: _____

HTH International Health Insurance

Inside the US: 1-888-243-2358

Outside the US: +1-610-254-8769

Webster University Policy Plan ID:

Webster Univ–Study Abroad

Nearest HTH Hospital Abroad

Phone #: _____

Address: _____

Emergency Contact Information

Location 911 Equivalent

Office of Study Abroad

800-984-6857

worldview@webster.edu

WU Public Safety

314-968-6911

Program Emergency Contact

Personal Emergency Contact

Name: _____

Home #: _____

Cell #: _____

Office #: _____

E-mail: _____

Nearest US Embassy/Consulate

Phone #: _____

E-mail: _____

Address: _____

Travel Information

Arrival Carrier/# : _____

Arrival Date/Time : _____

Departure Carrier/# : _____

Departure Date/Time : _____

