



FULBRIGHT

amideast  
أمديست

## Emergency Contact Information

### Grantee Information

\_\_\_\_\_  
Name

\_\_\_\_\_  
Home Country

\_\_\_\_\_  
Email

\_\_\_\_\_  
Phone Number

### University Information

\_\_\_\_\_  
University

\_\_\_\_\_  
City, State

\_\_\_\_\_  
Academic Advisor Name

\_\_\_\_\_  
Academic Advisor Phone Number

### Insurance

*To be completed if you have health insurance in addition to your ASPE benefits.*

\_\_\_\_\_  
Insurance Company

\_\_\_\_\_  
Insurance ID

\_\_\_\_\_  
Coverage Period

\_\_\_\_\_  
Insurance Company Phone Number

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### Emergency Contacts in the United States

*These should be individuals who **live** in the United States who could be contacted on your behalf in the case of an emergency.*

#### Contact #1

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Email

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Languages Spoken



## Contact #2

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Email

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Languages Spoken

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## Emergency Contacts Outside of the United States

*These should be individuals who **do not** live in the United States (i.e., they live in your home country) who could be contacted on your behalf in the case of an emergency.*

### Contact #1

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Email

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Languages Spoken

### Contact #2

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Email

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Languages Spoken

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## Additional Information

List any medications to which you are allergic.

Do you have any pre-existing medical conditions? (i.e., asthma, heart murmurs, diabetes, etc.) If so, please list them below. Please note that your ASPE health benefits may not cover pre-existing conditions.

Do you have any physical or mental conditions that will require special accommodation?

Do you have any special instructions for care based on your religious beliefs or practices?

In the event of an emergency, who from the contacts you listed on the previous pages should be notified first?

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## Release for Contacts in an Emergency

I, \_\_\_\_\_, hereby authorize Amideast and its designated representatives to contact one or more of my family members and friends listed on the reverse side of this form in the event of an emergency. An emergency might include but is not limited to serious health and/or emotional problems, hospitalization, legal trouble, or death.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date