



## PROGRAM LEADER INFORMATION & RISK & SAFETY PLAN

This form is due in the Education Abroad Office by **May 1** for programs departing in June and July or **one month prior** to departure for all others.

### PROGRAM LEADER

Name (Last, First, MI) \_\_\_\_\_

Program Name \_\_\_\_\_

Program Location(s) \_\_\_\_\_

Program Dates From \_\_\_\_\_ To \_\_\_\_\_

Actual travel dates From \_\_\_\_\_ To \_\_\_\_\_

Other faculty/staff involved in program (List all) \_\_\_\_\_

Email \_\_\_\_\_

Office phone \_\_\_\_\_ Cell \_\_\_\_\_

Gender \_\_\_\_\_ Date of Birth (MM/DD/ YYYY) \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Citizenship \_\_\_\_\_ Passport # \_\_\_\_\_

Date of Issue (MM/DD/ YYYY) \_\_\_\_\_ Expiration Date (MM/DD/ YYYY) \_\_\_\_\_

Medical Insurance Provider \_\_\_\_\_

Policy Number \_\_\_\_\_

Does this carrier cover you for both emergency and non-emergency care overseas?  Yes  No

*Confirm this before travel and/or purchase additional insurance, if necessary.*

Do you want to enroll in the same global health travel insurance as our students? (\$1.61 per day charged to your program. Details [here.](#))  Yes  No

Do you want the faculty & staff involved in your program enrolled in the same global health travel insurance as our students? (Charged to your program.)  Yes  No

**EMERGENCY CONTACT**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_  
Cell \_\_\_\_\_ Home \_\_\_\_\_  
Email \_\_\_\_\_ Relationship \_\_\_\_\_

If this program is connected to a credit earning course/s, complete the following

Course & Section Number(s) \_\_\_\_\_ Course Credits \_\_\_\_\_

Core equivalencies \_\_\_\_\_ Major equivalencies \_\_\_\_\_

**LEADER'S IN-COUNTRY CONTACT INFORMATION**

Name of Hotel/Residence, etc. \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Residence phone (include country code) \_\_\_\_\_

Cell (include country code) \_\_\_\_\_

*If you plan to rent a phone on arrival, please be sure to e-mail the EAO Specialist with the phone number as soon as possible.*

Will you have access to SU e-mail  Frequently  Infrequently  Not at all

Additional Program Contacts (travel agent, university contact, organizations, etc.)

Name/s \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Name/s \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Name/s \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Please email detailed personal and participant's itinerary prior to departure to your EAO Specialist.



4. List any program sponsored activities the participants will do which could be considered high risk. (Ex. Boating, Swimming, Snorkeling, Hiking, Climbing, etc.)

- How is participants' safety being addressed for each of these activities?
  
- How have participants been informed of safety? (Ex. Orientation, Written materials, etc.)

5. What must participants do if they need to seek medical attention?

6. Complete the attached template of the communication plan you will employ with your participants in an emergency/crisis situation. This template should be reviewed and shared with participants prior to departure and once you arrive in-country:

- Instructions on what to do if separated from the group
- Instructions for an extreme emergency should you have to move your program immediately
  - To where and how would you move?
  - Who would assist you?
- Instructions on what to do if the leader becomes incapacitated.
  - Who will manage the group in the leader's absence?
- Nearest medical care facilities information (Name, type, address, phone)
- Number emergency services: police, ambulance, etc.

TEMPLATE:  Completed  Not Completed

I hereby certify that by typing my name on the line below constitutes my true, legal and binding signature.  Yes  No

\_\_\_\_\_  
Program Leader Signature

\_\_\_\_\_  
Date

Please complete this form in full and return to Dario Ogaz [ogazd@seattleu.edu](mailto:ogazd@seattleu.edu) via email or at PAVL 124

# EMERGENCY COMMUNICATION PLAN

Complete this template detailing what participants should know and do in the case of an emergency while abroad. Share and review it with them prior to departure and once you arrive in-country.

## SEPARATED FROM THE GROUP

*What steps should a participant take when separated from the group?*

## PROGRAM LEADERSHIP

*What steps should participants take if the Program Leader becomes incapacitated?  
Who will manage the group? (Cannot be a student or non-affiliate)*

## EXTREME EMERGENCY

*Where and how would the group move if there was an extreme emergency?  
Who would assist the group in this process?  
Where is the emergency meet-up point for the group?*

## EMERGENCY CONTACTS IN-COUNTRY

1. University/Provider Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Contact Phone #: \_\_\_\_\_

2. In-Country Residence Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Phone #: \_\_\_\_\_

3. Home Country Consulate/Embassy  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Phone #: \_\_\_\_\_

4. Local Help  
911 Equivalent: \_\_\_\_\_  
Police Phone #: \_\_\_\_\_  
Hospital Phone #: \_\_\_\_\_  
Hospital Address: \_\_\_\_\_  
\_\_\_\_\_