



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? (\$1.56 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

PROGRAM RISK & SAFETY PLANNING

The purpose of the following information is to prepare for your time abroad, understand the risks associated with taking students abroad under your care, and provide participants with the resources and information to stay safe. Information provided must be shared with participants.

1. Describe all health and safety issues pertinent to the program location (Ex. Drinking Water, Earthquake Prone, Active Volcano, Local Health Risks such as Malaria, Dengue Fever, Zika, etc.) and the best ways to manage them with your group.
2. What type of transportation will be provided/used in country? Please provide specific details. If working with transportation companies or rental agencies, provide a copy of your signed agreement.
3. Describe housing for all participants. Please provide specific details including access to emergency exits, whether locks are present on doors, presence of fire and carbon detectors, etc.

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 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: _____
