**Emergency Information for HSLU students abroad**

* Complete the information below, keep the document with you and hand a copy to all involved persons: family emergency contact, home university emergency contact, internship/study programme emergency contact.

**Emergency Situations**

Personal emergencies: accident / injury, death, illness, sexual assault, arrest

Regional emergencies: natural / environmental disaster, political unrest, terrorism

**Important phone numbers**

Swiss EDA Helpline: +41 800 247 365 | Skype: helpline-eda

Einsatzzentrale der Rega: +41 333 333 333

**Emergency contact procedure:**

**Immediately inform: E-mail:**

**Subject: EMERGENCY**

**Telephone: +41**

**Emergency plan**

1. Move to a **safe location**: police station, hospital, embassy/consulate

2. Get **advice on situation**: from local contact person, embassy/consulate, Swiss EDA Helpline

3. **Update emergency contact(s)** on your situation

|  |  |
| --- | --- |
| **Student Emergency Information**  Personal Information | Important Medical Information |
| Name / First Name: | Are you taking any medication?  yes  no  If yes, what kind of medication are you taking? |
| Date of birth: |
| Marital status: |
| Nationality: | Are you allergic to any medication?  yes  no  If yes, what medication are you allergic to? |
| Passport No.: |
| Date of issue: |
| Valid until: | Any medical / health conditions to be aware of?  yes  no  If yes, please explain your condition: |
| Address: |
| Phone: |

**Emergency Contact (parents or spouse)**

Name:

Degree of relationship:

Address:

E-Mail:

Phone:

**Emergency Contact at Home University**

Name of Home University:

Address:

Name of university emergency contact/coordinator:

E-mail:

Phone:

**Programme Information**

Place of internship/studies:

Name of programme:

Emergency contact:

Address:

E-Mail:

Phone:

**Local Emergency Information**

Local emergency number:

Nearest hospital:

Police department:

Swiss embassy/consulate address:

Health insurance (name, policy number, 24-hour phone):

Travel insurance / accidence insurance (name, policy number, 24-hour phone):

Liability insurance:

Credit card company (name, contact number, 24-hour phone):

**I confirm that I have given a copy of the emergency information form below to:**

**at least one personal contact person**

**my home university**

**my host university / internship or field practice coordinator**

**For students with destination outside of Europe:**

**I further confirm that I’m informed and aware of possible risks concerning e.g. health, political unrest, nutrition, cultural differences, sanitation etc.**

**Date, place: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_ Signature student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**