

Emergency Information for Program Organizer and Chaperones

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Please provide one completed sheet for each program organizer/chaperone. The completed form must be submitted for approvals three weeks before the date of departure.

The confidential information requested below will be used in case of emergencies and is limited to the duration of the trip.

Program Organizer's/Chaperone's Name _____

Program _____

Emergency Contact Information

Name _____

Relationship _____

Address _____

Daytime Telephone _____ **Evening Telephone** _____

Mobile _____

Health and Travel Insurance Information

Attach a copy of international insurance proof or ID (if not organized through the AUS policy).

Insurance Provider's Name _____

Insurance Policy Number _____

Additional information you wish us to know (include medical conditions/medications, allergies, all medications you are taking, including dietary supplements)

I give American University of Sharjah permission to contact the above-listed emergency contact in case of an emergency.

Signature of Faculty Member/ Chaperone

Date

*AUS faculty and/or staff are automatically provided with business travel insurance through Al Buhaira National Insurance Company (ABNIC). Please contact the Senior Human Resources Officer to request a Letter of Insurance Coverage for visa purposes. Chaperones who are not AUS faculty/staff must be spouses of direct employees of AUS; these chaperones must organize travel insurance through ABNIC.