|  |  |  |  |
| --- | --- | --- | --- |
| Emergency Contact Information for out-of Country Group Programs | | | |
| Responsible College or Department | Name of Program Abroad | | |
| Dean or Chair |
| **Number of student participants** | |  |
| Faculty member (s) accompanying students | | | |
| 1. | | | |
| 2. | | | |
| Dates of the Program | | | |
| Departure | Return | | |
| Location of Program | | | |
| Country/Countries | | Time difference (hours+/- EST) | |
| Geographical Site or street address | | | |
| Nearest urban centre and distance away | | | |
| **Contact at Site** (U of G person responsible for coordinating emergency response in-country) | | | |
| Name | | | |
| Telephone | Cell phone | | |
| Fax | Email | | |

|  |  |
| --- | --- |
| Emergency Contact Information for out-of Country Group Programs Con’t | |
| **In-Canada Emergency Contacts** | |
| **University of Guelph Campus Security Services**  **+1- 519-824-2640**  24 hour dispatcher has contact information for senior administrators, International office staff and other emergency contacts according to the University of Guelph protocol for responding to emergencies. Collect calls accepted. | |
| **Lynne Mitchell**  Director  **Office; +1 519-824-4120 Ext. 56914**  **Cell: +1 519-835-7766**  **Email: lmitchel@uoguelph.ca** | |
| **Host Country Contacts** | |
| Host Institution or agency | |
| Location | |
| Contact Name | |
| Telephone (include country code) | |
| Fax | email |
| Alternate contact in host-country | |
| Host Institution or agency | |
| Location | |
| Fax | email |

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| Emergency Contact Information for out-of Country Group Programs Con’t | |
| **Nearest Canadian Embassy** (list Australian or British Embassy if Canada does one) | |
| Embassy Name | |
| Location | |
| Contact Name | |
| Telephone (include country code) | |
| Fax | email |
| **Student Accommodation** (If students are staying in more than one location please attach a list of students and their addresses and contact information in the host country) | |
| Residence Name | |
| Street Address | |
| Contact Name | |
| Telephone (include country code) | |
| Fax | email |
|  | |
| **Date this form was completed** | |

Note: Please attach a detailed itinerary and contact information for your group travel. If the above chart does not clearly reflect your travel arrangements, please change as necessary.