



**Emergency Contact/Health Insurance Information  
Costa Rica 2016**

Participant's Name: \_\_\_\_\_ WCSU ID#: \_\_\_\_\_

**In case of emergency, who in the United States should we notify?**

**Primary Emergency Contact:**

**Secondary Emergency Contact:**

Name: \_\_\_\_\_  
Relationship to you: \_\_\_\_\_  
Street address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email address: \_\_\_\_\_  
Home Telephone: (    ) \_\_\_\_\_  
Work Telephone: (    ) \_\_\_\_\_  
Cell phone: (    ) \_\_\_\_\_

Name: \_\_\_\_\_  
Relationship to you: \_\_\_\_\_  
Street address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email address: \_\_\_\_\_  
Home Telephone: (    ) \_\_\_\_\_  
Work Telephone: (    ) \_\_\_\_\_  
Cell phone: (    ) \_\_\_\_\_

Do you have Health Insurance?  Yes     No

Name of Insurance Company	Policy Number	
Address	Telephone Number	
City	State	Zip

**Note:** You will be provided with emergency care health insurance for this program.