PennWest UNIVERSITY

International Education
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Madagascar 2026 Emergency and Medical Information Form

Participant Name: _____

Emergency Contacts

Use the spaces below to record the name, telephone number, type of number (work, home, cell) and relationship of your emergency contact. Please provide emergency contacts who will be in the United States during the duration of the program.

Name	Telephone Number	Type	Relationship

Medical Information

Please detail any physical or other disabilities which might require special arrangements or provision, and any other information you wish to be noted (e.g. medical conditions, allergies to medication, etc.). Also include any medications and dosages that you feel need to be known as well.

Disabilities, Special Needs, Extra Requirements	
Medications	
Name of Medication	**Dosage**

Dietary Information

Please use the space below to list any dietary restrictions or food allergies you have. These will be provided to the tour director to avoid any provided meals containing the food items below.

Dietary Restrictions/Food Allergies