

I. Student/Traveler Information

Family Name:	Middle Name:	First Name:
Local Address:		
Permanent Address:		
Banner ID:	Date of Birth:	Cell Phone #:
Phone #:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Email Address:
Status: <input type="checkbox"/> FR <input type="checkbox"/> SO <input type="checkbox"/> JR <input type="checkbox"/> SR <input type="checkbox"/> Grad <input type="checkbox"/> Faculty <input type="checkbox"/> Staff		

II. Emergency Notification Information

Emergency Contact Name:	Relationship:	
Home Phone:	Alternate Phone:	
Email Address:	Alternate Email Address:	
Are you currently under doctor's care? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, a doctor's note/permission for you to travel will be required. You cannot participate in the program without the doctor's permission.		
Medical conditions we should know about:		
Drug Allergies:		
Physician's Name:	Phone #:	
Insurance Company:	Policy #:	
Name of Policy Holder:	Group #:	
Employer:		
<i>I hereby authorize Texas A&M University-Kingsville to release information pertaining to myself in the event of an emergency. This information will be made available on a need to know basis to organizational officers and advisor(s), the Dean of Students, key administrative staff, the University Police Department and other external hospital and emergency response officials.</i>		
Signature of Student/Traveler:	Name:	Date:
If the traveler is under the age of 18, parent/guardian signature is required:		
Signature of Parent or Guardian:	Name:	Date:
For Faculty & Staff Traveling With Group Only		
<input type="checkbox"/> I am accompanying the group as part of my university duties and have completed a travel request in Concur. (Do not need to complete Form 4 of Office of the Dean of Students)		
Signature of Faculty/Staff		Date:

Note: adapted from Form 3 of the Office of the Dean of Students