RISK MANAGEMENT INFORMATION

Submit completed form to Dania Brandford-Calvo. We recommend that you provide a copy to each participant and/or group leader. ______ Dates of Program: __ Faculty Program Director: _ Location of Program: _ U.S. Department Country Advisory Level: ___ **FLP Director Contact Information Abroad:** _____ Cellphone: ______ Email: _____ Address (hotel. dormitory, other): ______ Email: _____ Phone: ______ Fax: ___ Website: ___ **Nearest U.S. Embassy/Consulate:** Address: ___ Office Hours Phone: ___ ______ After Hours Phone: ___ ______ Fax: __ **Nearest Local Police Station:** Address: ___ _____ Fax: ___

Nearest Medical Facilities:	
Name:Address:	
Physicians Available in English:	
Name of Physician (1):	
Address: Name of Physician (2):	
Address:	
Name of Dentist:	
Address: Psychological Services:	
Address:	
Other Risk Management Details	
 Provide a brief description identifying your plan for mitigating (1) the personal safety of a student/group, (2) a health emergency, (3) catastrophic event: Will participation require completion of prerequisite courses? 	
2. List all modes of in country transportation that will be used as a part of Program. Are you prepared to verify vehicular insurance?	
3. Briefly discuss Risk Management Plan that will be communicated to participants.	