

### Applicant's Personal Information

Given Name (as indicated on your passport):	Family Name (as indicated on your passport):
Sex (as indicated on your passport):	Country (or Countries) of Citizenship:
Date of Birth:	SIN:
Email Address:	Phone Number:
Home Address:	Mailing Address (if different from your home address):
Special Conditions (such as allergies...)	
<b>Primary Emergency Contact Person</b>	<b>Secondary Emergency Contact Person</b>
Full Name:	Full Name:
Relationship to You:	Relationship to You:
Phone Number:	Phone Number:
Email:	Email:
Mailing Address:	Mailing Address:

By filling out this form, I grant MSVU permission to notify my emergency contact(s) in the event that I need medical care, hospitalization, or surgery abroad. I also grant MSVU the permission to release any other pertinent information to emergency contact(s) not expressly listed here but that is related to my health, safety and/or security abroad. I hereby verify that all of the information contained above in this form is accurate and complete.

Signature: \_\_\_\_\_

Date (DD-MMM-YYYY): \_\_\_\_\_