



UCSF School of _____
Trainee International Emergency Packet

RELEASE AND HOLD HARMLESS AGREEMENT

I hereby elect voluntarily and on my own initiative to participate in the _____.

This experience will take place in _____

during the period _____ (MM-DD-YY) through _____ (MM-DD-YY).

I acknowledge that I bear full responsibility for any personal injury or illness, accident, risk or loss, or property damage that may be sustained by me in connection with my participation in the above-mentioned program.

In particular, I acknowledge and agree that I am fully aware of the risks and hazards associated with my participation in the above mentioned program, including without limitation, the risks and hazards of infectious diseases, injuries, accidents, political unrest, wars, terrorism, natural disasters, medical emergencies, criminal activity, loss of personal property, travel-related delays or cancellations, and cultural stress.

I acknowledge and agree that the University of California, San Francisco will not and cannot guarantee my safety. I further acknowledge and agree that University of California, San Francisco is not and will not be responsible for any illness, injury, accident, damage or loss suffered by me from or in connection with my participation in the program.

I acknowledge and agree that I have been given adequate opportunity to review this document and to ask questions.

I hereby certify that I have adequate health and accident insurance, including but not limited to Student Health or Other (specify policy name and terms of coverage):

_____.

I hereby release and agree to hold harmless the University of California, San Francisco and its officers, directors, employees and agents from any and all liability, claims, demands and actions arising or related to any loss, property damage, illness, injury or accident that may be sustained by me in connection with or during my participation in the above mentioned program.

This release and hold harmless agreement is and shall be binding on myself and my heirs, assigns and personal representatives.

Signature: _____ Date: _____

Print Name: _____

Email: _____ Phone: _____

EMERGENCY CONTACT INFORMATION FORM

Full legal name _____
 Cell phone _____
 Home phone _____
 E-mail _____
 Address _____

International Cell Phone _____
 Skype Name _____
 Do you have Viber? Y N
 Do you have WhatsApp? Y N

Contact Information Abroad:

Name/address of person you are staying with,
 and/or place (street, city/region, country)

Phone & Country/City Code

Cell Phone _____
 E-mail _____

In-Country Emergency Contacts (2 people):

Name _____
 Relation (friend, mentor, etc.) _____
 Address _____

 Home Phone _____
 Office Phone _____
 Cell Phone _____
 E-mail _____

Name _____
 Relation (friend, mentor, etc.) _____
 Address _____

 Home Phone _____
 Office Phone _____
 Cell Phone _____
 E-mail _____

US Emergency Contact People (2 people)

Name _____
 Relation (friend, mentor, etc.) _____
 Address _____

 Home Phone _____
 Office Phone _____
 Cell Phone _____
 E-mail _____

Name _____
 Relation (friend, mentor, etc.) _____
 Address _____

 Home Phone _____
 Office Phone _____
 Cell Phone _____
 E-mail _____

Anything in particular we should know about your medical/personal history for emergency purposes?

Instructions for filling out your UCSF Emergency Card

Prior to your departure:

1	Fill in your personal information. <ol style="list-style-type: none">1) Name2) Date of Birth3) Blood Type4) Significant Allergies5) Personal Emergency Contact Information
2	Determine the emergency medical number equivalent to 9-1-1 in your destination country and record it on your card.
3	Look up the phone number for the U.S. Consulate in the country that you will be traveling to and record it on your card.
4	<p>All Students and Residents Register your trip through UC Away to be covered by UC Trip Insurance (AXA) for business and academic travel. You get free emergency services 24/7, but you must register your trip before departure. Free to students and residents on UCSF academic travel (for rotation, research and conference). Also covers you for 14 days of vacation during academic travel.</p> <p>Students and Residents with vacation travel If you plan to take more than 14 days of vacation register for one of the following options and record the appropriate information on your card:</p> <ul style="list-style-type: none">- <u>Students with SHIP</u>: you are eligible for the Blue Cross Blue Shield Global Core Program (BCBS). Register online here and follow the steps on this document to make sure you can access care and use this insurance while abroad.- <u>Students and Residents without SHIP</u>: you may enroll in the UC Personal Travel Insurance Program. Policy options and enrollment information can be found here. You can also explore other private insurance options.
5	Look up the contact information for your on-site advisor and record their name and number on your card.
6	Also record the contact information for your UCSF mentor, as well as your School or Dean's Office.
7	All students carry in your wallet your completed UCSF Emergency Card and UC Trip Insurance (AXA) Card with you while abroad. Students with more than 14 vacations days planned should also carry your BCBS or other personal insurance card.



UCSF Emergency Card	
Name: _____ DOB: ____/____/____ Blood Type: _____ Allergies: _____ Personal Emerg. Contact & phone: _____ In-country 9-1-1 Equivalent: _____ US Consulate & phone: _____ All Students & Residents – UC Trip Insurance (AXA) UC Ins.: 1-855-327-1420 (US), +1-630-694-9804 (Outside US Collect) UC Ins. Policy # <u>N04223822</u> (students) <u>N04223810</u> (residents) For Vacation Travel BCBS: 1-800-810-2583 (US), +1-804-673-1177 (Outside US Collect) Alt. travel ins. & phone: _____ BCBS or other policy #: _____	In an emergency, call your international insurance provider first. Also alert UCSF in the event of an emergency: UCSF Mentor: _____ Phone # _____ Email _____ Site Mentor/Supervisor: _____ Phone # _____ Email _____ UCSF School or Dean's Office Contact: _____ Phone # _____ Email _____ UCSF Mental Health (24/7): +1-415-476-1281 (option 2 if after-hours)

For UCSF School or Dean's Office Contact fields

- **SOM students** use the following information:
 Dean's Office Contact: SOM Student Experience Team
 Phone #: (415) 476-1216
 Email: medicalstudentcenter@ucsf.edu
- **Students from all other schools and departments** check with your school/program for emergency contact information

Trainee International Emergency Packet

By initialing, I affirm my completion of the following tasks:

_____ **SOM Students:** I have attended the required advising session by Mylo Schaaf for work abroad, and I have completed the TITR Checklist required items.

Students from other UCSF schools: I have completed any required advising.

_____ **SOM students:** Attach the completed Emergency Packet and the approved Student International Travel form to their Extramural Clerkship Form.

Students from other UCSF schools: Fill out and upload your International Packet to the International Packet Emergency Forms [Moodle 2 iRocket/CLE class](#). Select your School's page to upload your documents.

_____ **Bring these documents on your trip** (along with a paper copy or a scanned version)

Emergency Contact Information Form (from the International Packet)

Emergency Wallet Card (from the International Packet)

Your passport (and a copy of your passport identity page)

Visa if required

Your insurance cards & information:

- UC Trip Insurance
- BCBS Global Core or private travel insurance, if also doing vacation travel

Student Rotation Evaluation Form for foreign preceptor, if applicable

Other appropriate documents noted on the TITR Checklist

_____ **Complete and turn in these documents pre-departure:**

Form for credit, if applicable

Form for mentorship, if applicable

_____ **I agree to complete these tasks *upon my return*:**

The Post-Return Trainee Timeline (on the TITR website)

I agree to let my local mentor and my UCSF mentor know if I travel away from my work site, and to give them my itinerary in case of emergencies.

Signature

Date