



**EMERGENCY OR MEDICAL NOTIFICATION**

A copy of this form will be placed in your file in the Office of International Programs at the Fashion Institute of Technology and at the international program in which you are participating in abroad.

Last Name \_\_\_\_\_ Male  Female   
First Name \_\_\_\_\_ Student ID# \_\_\_\_\_  
Institution Abroad \_\_\_\_\_

I give my permission to FIT and the international program in which I am participating to contact and communicate with the person(s) listed below in the event of an emergency.

**PLEASE PRINT VERY CLEARLY!**

**NAME:** Mr. / Ms \_\_\_\_\_  
(Circle one)  
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home phone#: \_\_\_\_\_ Work phone#: \_\_\_\_\_  
Cell phone#: \_\_\_\_\_ Fax#: \_\_\_\_\_  
Email address: \_\_\_\_\_

**NAME:** Mr. / Ms \_\_\_\_\_  
(Circle one)  
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home phone#: \_\_\_\_\_ Work phone#: \_\_\_\_\_  
Cell phone#: \_\_\_\_\_ Fax#: \_\_\_\_\_  
Email address: \_\_\_\_\_

**CONSULATE/MEDICAL/POLICE**

I am a citizen of \_\_\_\_\_ and give FIT permission to notify my country's consulate  
(Country)

in the country where I am studying as well as any public authorities of my name and local address in the interest of my health and welfare. I further agree to give FIT permission to include my phone, email and address on a general student contact list while in the program.

Signature \_\_\_\_\_ Date \_\_\_\_\_