

CORNELL COLLEGE
Mt. Vernon, Iowa

Additional Traveler Information

To be completed by each traveler who is not a Cornell student or faculty member. Fill out and return to the Office of International & Off-Campus Studies [Old Sem – 2nd floor] prior to departure.

Name: _____

_____ Will you have this cell phone on this trip?
Cell Phone Yes No

Please provide the following medical information:

Allergies: _____

Regularly taken medications: _____

Other health conditions: _____

Please list the following information for your current health insurance plan:

Name of Hospitalization Plan: _____

Subscriber Name: _____

Insurance Card Number: _____

Expiration Date: _____

In case of an emergency, I grant Cornell College permission to contact the following individual:

Name and Relationship: _____

Address: _____

City, State, Zip: _____

Phone Numbers (home, work, cell): _____

Traveler Signature

Date

Printed Name

Date of Birth