

## **EMERGENCY CONTACT**

(submit during predeparture meeting)

Name and address of an emergency contact person in the USA who may be reached at any time by the Stony Brook Department of OBGYN of GWH Director.

Name: \_\_\_\_\_

Relationship to  
student: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

—  
Phone numbers – Work: (    ) \_\_\_\_\_ Home: (    ) \_\_\_\_\_

Check box when a copy of passport in PDF provided to GWH faculty supervisor