



Burman University/PAA Travel Information Form

Participant's Name _____

PLEASE PRINT FULL NAME

TO BE COMPLETED BY TRIP COORDINATOR.

Trip Information	Trip Coordinator's name	
	Department	
	Destination	
	Departure date	
	Return date	
	Trip name	
	Visitor's Visa required	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Vaccinations Required	

TO BE COMPLETED BY TRIP PARTICIPANT. When completed, please return all necessary information to Trip Coordinator's office.

- Student Non-Student – Non-students will need to fill out an *Assumption of Risk Form* to be provided by Trip Coordinator or it can be picked up at Student Services – Administration Building.
 Burman PAA

Personal Information Please print clearly	E-mail address	
	Local phone	
	Cell phone	
	Local Address	
	Home Address (if different from local)	PC
	Date of Birth (MM/DD/YY)	PC/ZIP

Emergency and Medical Information Please print clearly	Emergency contact 1	
	Relationship	
	Phone number	Cell #:
	Emergency contact 2	
	Relationship	
	Phone number	Cell #:
	Family Doctor's name	
	Family Doctor's phone number	
	Provincial Health Care number	Prov:
	Medical/Travel insurance carrier and member number	
	Blood type, if known	
	Known medical conditions	
	Known allergies	

Passport (Please attach 2 high quality photocopies of passport to be used for this trip)	Name as it appears on passport	
	Gender	
	Number	
	Expiration date	
	Country of citizenship	
	Country issuing passport	

IMPORTANT – Please attach copies of

- **Up-to-date** vaccination records including those vaccines required/recommended for country(s) to be visited. Yes No
- **Letter of Consent to Travel** from parent(s)/guardian plus any supporting documentation for all those under 18 years of age. Yes No
- **Letter of verification** needed from Registrar Services for all students studying under a Student Visa traveling outside of Canada for class purposes. Yes No
- **Non-Canadian Citizens** – Student Visa, Permanent Resident Card, Work Visa etc. Yes No