

Multi-Day Student Travel Form

PERSONAL INFORMATION		
Name:	Date of Birth:	
Home Address:	Phone:	
TRAVEL INFORMATION	I	
Destination:	Reason for Travel:	
Accommodations:	Means of Transportation:	
Date of Departure:	Date of Return:	
Canadian Government Office Location (International) Address:	Canadian Government Office Location (International) Phone:	
EMERGENCY CONTACT INFORMATION		
Name:	Relationship:	
Address:	Phone (Home):	
	Phone (Work):	
	Phone (Cell):	
E-mail:		
MEDICAL INFORMATION		
Medicare # and Expiry Date:	Travel Insurance Policy No. and Provider:	
Relevant Medical Concerns or Conditions:	Critical Medications:	
Vaccinated; Type (if required):	Family Doctor:	
Yes: No:	Phone:	



DAV	DATE	DEPARTURE	ARRIVAL	DESTINATION/ACTIVITY	CONTACT	PHONE		
	ITINERARY ubject to Ch	nange)						
Air Ticket Number (Attach Photocopy):								
Visa Number (Attach Photocopy):								
Passpo	Passport Number (Attach Photocopy):							
DOCUM	ENTATION							

DAY	DATE	TIME	TIME	DESTINATION/ACTIVITY	CONTACT	PHONE
			:	have been advised and an av	.a.a.afbatia	aa a at a al

I agree that the above information is accurate. I have been adv of me in terms of the professional protocol and participation ex aware that should I not conform to the agreed upon protocol, I return home at my own expense.	pected during this trip/activity. I am
STUDENT SIGNATURE	DATE