



The Open School of Ethnography and Anthropology
Community Institute of Transcultural Exchange

Emergency Contact and Insurance Form

Please provide contact information for two persons who should be contacted in case of emergency

CONTACT 1

Name _____

Relationship _____

Address (include street address, city, state, zip code and country)

Home Telephone _____ Work Telephone _____

Other Phones _____

Fax _____ Email _____

CONTACT 2

Name _____

Relationship _____

Address (include street address, city, state, zip code and country)

Home Telephone _____ Work Telephone _____

Other Phones _____

Fax _____ Email _____

Insurance Information

In case of an emergency please provide all the necessary information of your insurance provider so that OSEA may contact the provider or a representative of the provider. Additional information on your policy is requested below.

OSEA requires proof of means to assume financial costs for medical and emergency health situations. Please attach proof of insurance valid for travel and that includes emergency evacuation coverage.

I understand and agree that I, _____, as a student participant in an OSEA Training Program have full financial and moral-ethical responsibility for any and all costs that I may encumber as a result of any and all health issues, medical emergencies, personal problems or situations in which I may become involved or that may affect me. [Initials_____].

I also understand OSEA is not financially nor otherwise responsible for any medical, health or personal issue, emergency or private problem in which I may become involved [Initials_____] and I agree to not hold OSEA liable for such causes in case of such developments [Initials_____].

I therefore understand my obligation to find adequate health, medical, and personal insurance or other protection and that OSEA obliges all participants to provide evidence of the ability to maintain and see to their individual well being in such cases require medical, health or private counseling and/or services. [Initials_____].

Insurance Policy Coverage

I have [] have not [] procured medical insurance that covers me while in Mexico.

This medical insurance covers through reimbursement expenses paid in Cash in Mexico (please circle):

- [yes / no] medicines
- [yes / no] cost of services by health and medical providers, including both allopathic and alternative/homeopathic medical doctors? [yes/no], if no specify below:
- [yes / no] emergency evacuation from Mexico
- [yes / no] hospitalization in Mexico
- [yes / no] ambulance service from Piste, Yucatan, to Merida or Cancun, Quintana Roo
- [yes / no] dental work

Specify Non-Allopathic Services covered by your insurance:

[yes / no] chiropractic, [yes / no] homeopathic, [yes / no] acupuncture, [yes / no]

other: _____

This insurance is valid while in México [yes / no] and is valid during the period of time of my participation in an OSEA Training Program [yes / no]

Give dates of your participation in the OSEA Training Program _____[Initials_____].

Give dates of your insurance coverage _____[Initials_____].

Please write the name of your insurance provider & policy number _____

Please write the contact information for insurance provider _____

Please scan the front and back side of your insurance card and a) send as an attachment to contact@osea-cite.org and b) mail a hardcopy of the scanned/photocopied insurance card along with the release forms to OSEA

Emergency Release/Aid

In case of medical, health, or personal/private emergency, in which I may not have full consciousness and use of reason, I grant permission to OSEA in the persons of its Directors or Staff to seek the most viable, rapid, and effective services as required by and within the limitations of such emergency conditions and situation [Initials_____].

Passport Information

Name as it appears on passport _____

Number _____ Citizenship _____

Date of Birth _____ Date of Issue _____

Place of Issue _____

Signatures

Name of Participant (Print) Signature Date

Name of Parent/Guardian if applicant is under 18 (Print) Signature Date