|  |  |
| --- | --- |
| **Trip site/location:**  | Trip/site specific VCAA approval attached. **🞎 Yes 🞎 No** |
| **Dates of IEE** | Start (Departure):  | End (Return): |
|  |  |
| **Host Organization/University** | Name: |
| Street Address |  |
| Telephone Numbers |  |  |
|  |  |
| **Program Site Facilities**  | Name: |
| Hours of Operation | Open: | Close: |
| Street Address |  |
| Telephone Numbers |  |  |
| On Site Contact | Name: | Phone: | Email: |
| After Hours Contact | Name: | Phone: |
|  |  |
| **Residential/Housing Facilities**  | Name: |
| Street Address |  |
| Telephone Numbers |  |  |
| On Site Contact | Name: | Phone: | Email: |
| After Hours Contact | Name: | Phone: |
|  |  |  |
| **LSUHSC Faculty Mentor** | Name:  | Phone:  |
| **Mentor present?**  | [ ] YES [ ] NO | Email:  |
|  |  |  |
| **US Embassy/Consulate**  | City Location:  | Address:  |
| **Local Emergency Services** | Location: | Phone:  |
| US Citizens 24/7 Emergency Services |  |  |
| Website |  | Email:  |
|  |  |  |
| **LSU System Insurance** | Provider: SOS International |
| Policy Number | **11BCAS658364** |
| International Phone | Call collect\*:  |

**LSUHSC New Orleans International Educational Experience Emergency Response Plan**

**Non-MOU Approved Site**