|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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**