



Emergency Response Intake Form

International Student Services – Texas A&M University

Type of Emergency: _____ Received by: _____ Date & Time: _____

Initial Informant Details

Name: _____

Affiliation to Texas A&M: _____ Affiliation to student: _____

Phone number: _____ Email address: _____

Student Details

Student Name: _____ UIN: _____ Visa Type: _____

Nationality: _____ Dependents? Yes No

REEP: Yes No Sponsored: Yes No Academic Department: _____

Degree level: Undergraduate Masters Doctorate Non-degree Other: _____

University employee? Explain: _____

Dependent details: _____

Roommate(s)/Significant other: _____

Religious affiliation(s), if any: _____

Emergency Contacts

Name: _____ English speaking? Yes No

Relation to student: _____ Phone: _____ Email: _____

Name: _____ English speaking? Yes No

Relation to student: _____ Phone: _____ Email: _____

Family Information

Has the family been contacted: _____ Who will contact the family? _____

Current family location: _____ English speaking? Yes No

Language(s) spoken by family: _____

Is the family planning to visit the US? Yes No When? _____

Incident Details

What happened: _____

When did it happen: _____

Where did it happen: _____

Are there multiple locations involved: Yes No If yes, please list: _____

Where is the student currently located: _____

How was the student identified: _____

How many students/other individuals are involved: _____

Who knows? What do they know? _____

What else, specific to this incident, needs to be clarified?

In Case of Health Emergency

Health insurance information: _____

Hospital or urgent care facility: _____

In Case of Death

Life insurance information: _____

Where is the body located: _____

Has an autopsy been ordered? Explain details if known: _____

Follow-Up

Informant will: _____

I will: _____

*Use additional pages if necessary