**Emergency Contact Information Form for Intensive Learning Program**

Course \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Instructor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student cell # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact #1 (prefer parent, spouse, adult sibling, or similar) **REQUIRED**

Contact’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact’s Relationship to you \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact’s Daytime Phone Number (cell or business) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact’s Evening Phone Number (if different) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact #2 (local roommate or similar) OPTIONAL

Contact’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact’s Relationship to you \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact’s Daytime Phone Number (cell or business) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact’s Evening Phone Number (if different) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Instructor sends a copy to Gen Ed Director (and takes a copy on the trip if possible)