

## Academic Service-Learning Emergency Contact Form

### STUDENT INFORMATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City, State Zip Code

Preferred Phone Number: ( ) \_\_\_\_\_ This is my (circle one) Cell Home Work

Email: \_\_\_\_\_

### COURSE INFORMATION

Course Name: \_\_\_\_\_

Instructor's Name: \_\_\_\_\_

Service Site: \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION

Please provide the following information of two people to contact in case of an emergency.

Primary Contact: \_\_\_\_\_ Relation: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City, State Zip Code

Phone Number: ( ) \_\_\_\_\_ Alternate Phone Number: ( ) \_\_\_\_\_

Alternate Contact: \_\_\_\_\_ Relation: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City, State Zip Code

Phone Number: ( ) \_\_\_\_\_ Alternate Phone Number: ( ) \_\_\_\_\_

### HEALTH INSURANCE

Are you a full-time undergraduate student? Yes No

If NO, please provide the following information

Name of Insurance: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Name of Subscriber: \_\_\_\_\_