

EMERGENCY INFORMATION FORM

Name (first and last): _____

Student Number: _____

Date of Birth: _____

In the event of an emergency, we would like to know whom you would like us to contact. Please indicate below (in order of calling) a person for us to contact. If we cannot reach the person listed first, we will try contacting the second person, etc.

NAME	RELATIONSHIP	1 ST NUMBER	2 ND NUMBER

If there is anything else you would like us to be aware of, in the case of an emergency, please feel free to use the space below.

Student's signature: _____

RETURN THIS FORM TO STUDENT SERVICES