Wheaton College Field Trip Emergency Contact Form

STUDENT NAME: ____________________________________________

EMERGENCY CONTACT INFORMATION:

Name: ____________________________________________
Relationship to you: ____________________________________
Home Phone: __________________________________________
Work/Cell Phone: _______________________________________

*In the event the above person cannot be reached, please contact:*

Name: ____________________________________________
Relationship to you: ____________________________________
Home Phone: __________________________________________
Work/Cell Phone: _______________________________________

_____________________________________________________

INSURANCE/MEDICAL COVERAGE:

Company name: ___________________________ Policy #: ____________

*Please attach a copy of your insurance card to this form.*

_____________________________________________________

IMPORTANT CONDITIONS:

Are there any important medical conditions, allergies, or other special instructions you would like anyone to know about in the case of an emergency? (If yes, use space below or write on back of sheet)