

## 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: \_\_\_\_\_

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### INSURANCE/MEDICAL COVERAGE:

Company name: \_\_\_\_\_ Policy #: \_\_\_\_\_

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

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### 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)