

# Service Learning STUDENT EMERGENCY CONTACT and INFORMATION FORM

**An Emergency Contact and Information Form must be on file at the Service Learning placement site prior to the student starting service hours.** You may use either this form or one provided to you by the placement site. **Please complete and submit directly to the placement site; this form is not submitted to Community Engagement Center.**

Students are responsible for notifying the placement site of any medical information or emergency contact changes. All information provided is kept confidential and will only be used should you need medical assistance in the case of an emergency.

## STUDENT INFORMATION:

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ Email: \_\_\_\_\_

## INSTRUCTOR INFORMATION:

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

Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ Email: \_\_\_\_\_

## MEDICAL INFORMATION:

Name of Insurance: \_\_\_\_\_

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

Policy Number: \_\_\_\_\_

Are you currently taking any prescribed medications?  Yes  No

If yes, please identify: \_\_\_\_\_

Please identify any medical information the community partner agency should be aware of: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you allergic to any medications?  Yes  No

If yes, please identify: \_\_\_\_\_

\_\_\_\_\_

## EMERGENCY CONTACT INFORMATION:

Please provide information for primary and alternative contact persons who may be notified in case of an emergency.

**Name of Primary Contact:** \_\_\_\_\_ **Relation:** \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

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

**Name of Alternate Contact:** \_\_\_\_\_ **Relation:** \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

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

**To the best of my knowledge, the information provided on this form is true, complete, and accurate.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_