



STUDENT EMERGENCY CONTACT FORM

Student's Name _____
 (first name) (middle) (last name)

Home Address _____

 City, State, ZIP

Home Telephone _____ Cell _____

EMERGENCY CONTACT INFO:

1. Name _____ Relationship _____

Address _____

 City, State, ZIP

Home Telephone _____ Cell _____

Work Telephone _____ Employer _____

2. Name _____ Relationship _____

Address _____

 City, State, ZIP

Home Telephone _____ Cell _____

Work Telephone _____ Employer _____

MEDICAL CONTACT INFO:

Doctor Name: _____ Phone _____

Dentist Name: _____ Phone _____

I have voluntarily provided the above contact information and authorize EDS and its representatives to contact any of the above on my behalf in the event of an emergency.

I choose not to furnish any emergency contact information to EDS at this time.

Student Signature _____ Date _____