

OFFICE OF STUDENT ENGAGEMENT

Road Trip

January 11-12, 2014

**EMERGENCY CONTACT FORM**

Please provide the Office of Student Engagement with a parent or relatives name to contact in the event of an emergency while attending Road Trip.

Last name: \_\_\_\_\_ First: \_\_\_\_\_

Student ID: \_\_\_\_\_

Emergency contact name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Home phone: \_\_\_\_\_

Contact person cell phone: \_\_\_\_\_

List all allergies, medications, or medical conditions Student Engagement staff should be aware of:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Return completed form to:**  
Office of Student Engagement  
Seton Court 4508A  
Phone 410-617-5696