

OFFICE OF SOPHOMORE INITIATIVES

**EMERGENCY CONTACT FORM**

Please provide Sophomore Initiatives with the name of a parent or relative to contact in the event of an emergency while attending Road Trip.

Student name: \_\_\_\_\_

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

Emergency Phone: \_\_\_\_\_

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

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

Cell Phone: \_\_\_\_\_

Please list any allergies, medications, or medical conditions the Sophomore Initiatives staff should be aware of:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**Please return completed form to  
Office of Sophomore Initiatives located in Seton Court 4508A  
Phone 410-617-5696**