

## Emergency Information for Domestic Trips

*Original is retained in the department and a copy is kept with the Trip Sponsor while on the trip.*

**Trip Sponsor:** \_\_\_\_\_

**Trip Destination:** \_\_\_\_\_

**Trip Dates:** \_\_\_\_\_

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For domestic travels it is necessary that we collect emergency contact information and health insurance information from all students going on a University-sponsored trip. Please clearly complete the following information and return it to the Trip Sponsor.

**STUDENT NAME:** (please print clearly) \_\_\_\_\_

**Z NUMBER:** \_\_\_\_\_

### **CONTACT INFORMATION FOR STUDENT:**

Your cell phone \_\_\_\_\_ Your email \_\_\_\_\_

IMPORTANT PERSONAL INFORMATION (allergies, illnesses or conditions we need to be aware of, etc.):

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### **EMERGENCY CONTACT INFORMATION:**

Emergency Contact (**MUST BE SOMEONE NOT GOING ON TRIP WITH YOU**)

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

Secondary Emergency Contact (**MUST BE SOMEONE NOT GOING ON TRIP WITH YOU**)

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

### **INSURANCE INFORMATION:**

Company: \_\_\_\_\_

Policy/Group numbers: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Other relevant information: (e.g., name of insurance holder if not yourself): \_\_\_\_\_

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