

EMERGENCY CONTACT INFORMATION

Illinois Wesleyan University May Term 2011 Travel Student

Student Name: _____ Date _____

Travel Course _____ Instructor _____

In case of emergency, please contact:

PRIMARY:

SECONDARY:

Name _____ Name _____

Address: _____ Address: _____

Home phone: _____ Home phone: _____

Work phone: _____ Work phone: _____

Cell Phone: _____ Cell Phone: _____

Email address: _____ Email address: _____