

# STUDENT EMERGENCY CONTACT INFORMATION

## Illinois Wesleyan University May Term

Student Name: \_\_\_\_\_ Date \_\_\_\_\_

Travel Course \_\_\_\_\_ Year of May Term Travel \_\_\_\_\_

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: \_\_\_\_\_