

EMERGENCY CONTACT INFORMATION FOR CAHP STUDENTS

Due to the nature of our laboratory courses on campus and experiential education, we are required to obtain emergency contact information for all of our students. Please fill out the following information – **PLEASE PRINT CLEARLY**. It is essential that you select someone who will be available in case of an emergency.

Student Information

Student Name: (Please print) _____

Student Signature: _____ Date: _____

Current Address: _____

PO Box/ Street #

City/ State/ Zip Code

Phone: #1 (_____) _____ #2 (_____) _____
Area code Number Area code Number

E-mail: #1 _____ #2 _____

PRINT CLEARLY!!

Persons to contact in case of emergency:

1ST choice:

Name: _____

Address: _____

Phone: #1 (_____) _____ #2 (_____) _____

Relationship to student: _____

2nd choice:

Name: _____

Address: _____

Phone: #1 (_____) _____ #2 (_____) _____

Relationship to student: _____