

## EXCURSION EMERGENCY CONTACT FORM

"Official name of excursion"

1. Student Name: \_\_\_\_\_ NSU ID#: \_\_\_\_\_

Local Address: \_\_\_\_\_

Local Telephone: \_\_\_\_\_ Division: \_\_\_\_\_

2. Health Insurance Information:

Name of Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

3. In the event of an emergency, will you be able to hear fire alarms or other signals, see written instructions or signs, walk down the stairs to the nearest exit without assistance?

Circle one:                      YES                      NO

If NO, please explain: \_\_\_\_\_

\_\_\_\_\_

4. Please describe any medical condition or disability you have and indicate any medications you are taking:

\_\_\_\_\_

\_\_\_\_\_

5. In the event of an emergency, please contact: (If you are under 18 years of age, please indicate the name of a parent/guardian). All emergency contacts must reside in the United States.

A). Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

B). Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_