

Oklahoma City University Student Travel Emergency Contact Information

Student name: _____ B# _____ Cell # _____

Trip information (departure/return dates, destination, event, sponsor, university department, etc.):
BIOL 4861/2 Natural History of Oklahoma trips on following dates and locations: 9/18 to 9/20:
Field Trip to Black Mesa State Park, 9/26: Field Trip to Wichita Mountains, 10/3 to 10/4: Field
Trip to Sequoyah State Park, 10/10 to 10/11: Field Trip to Robbers Cave State Park
Student's permanent address:

Student's local address:

Parent/Guardian:

Address:

Phone:

Email:

Emergency contact:

(other than parent/guardian)

Insurance carrier _____: Group Number _____: Ph _____

Name of Primary Physician: _____: Ph _____

Allergies (please list all): _____

Medications: _____

Signature of participant

Date

Signature of parent or guardian
(required if participant is less than 18 years of age)

Date