

Oklahoma City University Student Travel Emergency Contact Information

Student name: _____ B# _____ Cell # _____

Trip information (departure/return dates, destination, event, sponsor, university department, etc.): **{To be completed by the Biology Department.}**

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