**Staff/Student Emergency Contact Form**

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| Student/Intern/Staff Name: | Birthdate | PSU ID # |
| Local Address: | Local Phone Number:Cell Phone Number:  | Email Address: |

**Emergency Contacts**

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| --- |
| Contact #1Name: |
| Address: |
| Phone Numbers where they can be reachedCell:Home:Business:  |
|  |
| Contact Person #2Name:  |
| Address: |
| Phone Numbers where they can be reachedCell:Home:Business: |

|  |  |
| --- | --- |
| Physician’s Name and address | Phone Number |
| Health Insurance Information | Policy Number |
| Allergies/Special Needs (optional) |

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_