**Staff/Student Emergency Contact Form**

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

**Emergency Contacts**

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

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

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