



University of Connecticut
Department of Student Activities
Leadership Office
Four Arrows

EMERGENCY CONTACT INFORMATION

Information in this form will be provided to University Officials for disclosure to appropriate medical officials. This form will be kept on site by the lead facilitator during the program and then filed in the Four Arrows office in the Student Union once the course is completed.

Participant's Name: _____ **DOB:** ___/___/___
(Last) (First) (Middle Initial)

Please select your current status:

- UConn Undergraduate Student UConn Graduate Student UConn Staff/Faculty
 UConn Alumni Not affiliated with UConn

PeopleSoft # (if UConn affiliated): _____

Organization (the group that is with you on the course): _____

Date of event: ___/___/___ Phone Number: (___) ___ - _____ Email: _____

EMERGENCY CONTACT INFORMATION

In case of an emergency, please contact:

Emergency Contact's Name: _____
(Last) (First) (Relationship)

Address: _____ City, State, and Zip: _____

Day Time Phone: (___) ___ - _____ Evening/Weekend Phone: (___) ___ - _____

Please declare in the space below any allergies, medication, prior conditions or other pertinent information that would be of important knowledge in a medical emergency.

By signing below I acknowledge that I am releasing this information for the disclosure to and only to appropriate medical officials in the event of an emergency.

Participants Name (print): _____ **Signature:** _____

Parent/Guardian (if under 18) Name: _____ **Signature:** _____

DATE: ___/___/___ **GROUP:** _____