Central Virginia Community College

Emergency Contact & Information Form

Student Name:_____ Student ID:_____

Student Cell Phone Number :_____ _____Date:

Emergency Contact 1: _____

Emergency Contact Phone Number 1: _____

I give permission for TRIO SSS staff to provide information to this person about my health. ☐ YES ☐ NO _____ Initials

Emergency Contact 2: _____

Emergency Contact Phone Number 2: _____

I give permission for TRIO SSS staff to provide information to this person about my health ☐ YES ☐ NO _____ Initials

Trip Destination:_____ Date(s) of Trip: _____

Additional Information (PLEASE list any allergies or other medical information the TRIO Staff will need to know about you):

_____

_____

I understand that I am responsible for my own medications and will prepare accordingly. ☐ YES ☐ NO _____Initials

_____ _____

Signature of Student Date