Emergency Contact Information Form

Student Government Association

Club Name:_____ Destination:_____

Chaperone's Name:_____ Chaperone's Contact Number:_____

Departure Date and Time:_____ Return to Campus Date and Time:_____

Mode of Transportation: ☐ Airplane ☐ Bus ☐ State Vehicle(s) ☐ Personal Vehicle(s)

Student's Name	Student's Cell Phone #	Emergency Contact Name	Emergency Contact Phone #