

**EMERGENCY CONTACT FORM**  
(Please print)

**Pre-service Teacher Name:** \_\_\_\_\_ **KU ID:** \_\_\_\_\_

In case of an emergency, please contact one of the following people:  
(Please list at least one local person)

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Daytime phone (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Daytime phone (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Daytime phone (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

**PHYSICIAN TO BE CALLED IN AN EMERGENCY:**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

This information is current as of \_\_\_\_\_  
Date

Signature \_\_\_\_\_