Claremont
GRADUATE UNIVERSITY

Emergency Contacts and Medical Treatment Information

The purpose of providing the following information is to assist Claremont Graduate University in contacting a person of your choice in case of a medical emergency. Download the form and use the fillable fields to provide the requested information electronically. Please include any additional information that may be helpful in the event of an illness or injury. Please print and submit to school program coordinator or trip organizer.

Participant Name:

PRIMARY EMERGENCY CONTACT

Name:

Address:

City, State, Zip:

Home Telephone Number:

Work Telephone Number:

Mobile Telephone Number:

Email Address:

Your relationship to this person:

SECONDARY EMERGENCY CONTACT

Name:

Address:

City, State, Zip:

Home Telephone Number:

Work Telephone Number:

Mobile Telephone Number:

Email Address:

Your relationship to this person:

OTHER MEDICAL INFORMATION

Other medical information you would like a doctor or hospital to know (e.g., allergies, chronic conditions, medications, etc.):