

# Mott Community College Emergency Contact Sheet

Please check correct box:  Student  Advisor

Name of Club \_\_\_\_\_

Travel Purpose & Destination \_\_\_\_\_

Travel Dates \_\_\_\_\_

Name of Traveler \_\_\_\_\_  
Printed Name Signature

Address \_\_\_\_\_  
\_\_\_\_\_

Telephone Number \_\_\_\_\_ Mott ID# \_\_\_\_\_

\_\_\_\_\_ Name of Insurance Company & Card Number (List Name of Primary Cardholder)

Under Dr. Care? \_\_\_\_\_ For what condition? \_\_\_\_\_  
Taking Medications? \_\_\_\_\_  
What kind of medications? \_\_\_\_\_  
\_\_\_\_\_

## Emergency Contact Person Information

\_\_\_\_\_ Name Relationship to Traveler

\_\_\_\_\_ Address  
\_\_\_\_\_

\_\_\_\_\_ Home Telephone Work Telephone Cellphone

For Student Life Office purposes Date Rec'd \_\_\_\_\_