

Mott Community College

Office of Professional Development & Experiential Learning

Emergency Contact Information Form for Service Learning

Student name _____

Student Telephone _____

Student email _____

Primary emergency contact name _____

Relationship to student _____

Primary emergency contact home phone _____

Primary emergency contact work phone _____

Secondary emergency contact name _____

Relationship to student _____

Secondary emergency contact home phone _____

Secondary emergency contact work phone _____

Any medical conditions, or medications you are taking, that your faculty or staff advisor should be aware of (examples include, but are not limited to, diabetes, pregnancy, allergies, etc)

*****Faculty or staff member should keep a copy of this form and give a second copy to the community partner site supervisor who is hosting the students.**