

Student Information in Case of Emergency on Field Trips

Class:

Instructor:

Quarter:

Name:

Home phone and/or cell phone number:

Are you a certified driver of a University vehicle? Yes No
(If no, and you intend to drive, please contact the Dept. Office.)

In case of emergency:

Name(s) of person(s) to notify:

Relationship:

Phone number(s):

Insurance information:

a) University of Utah student insurance policy? Yes No

b) *Or* student's (or parent's or spouse's) own medical insurance policy?

Name of policy holder (if other than student):

Name of insurance company (if known):

Policy number (if known):

Any other pertinent information *(If you have any serious medical condition or other major health concern, please inform the instructor prior to the field trip.)*