

Department of Geological Sciences and Engineering

Field Trip and Field Work

Student Emergency Information

Student Name: _____

last

first

middle initial

Student number: _____

email address you frequently check: _____

Your contact phone numbers

local residence: (_____) _____ - _____

cell: (_____) _____ - _____

other (specify): (_____) _____ - _____

In emergency, contact

name: _____ relationship to you: _____

phone: (_____) _____ - _____

location if not Reno area: _____

Family/personal physician

name: _____

phone: (_____) _____ - _____

Hospital preference: _____

Insurance

provider: _____

Insurance ID number: _____

Describe here any pre-existing medical conditions, regular prescription medications, or any other health issues you have that your field trip leader should know about.