Portz Scholars Summer Program
Emergency Contact Form

Please take time to complete this form. Although some of this information has been completed on the student application, this form serves as an expedient reference that will be with the Student Coordinators at all times in the event of an emergency.

Session (check one): _______ June 16-19 or _______ June 23-26

Student Name: ________________________  Cell ________________________

1. Emergency Contact Name: ________________________________
   Relation to student: ___________________  Cell ______________________
   Home Number: ___________________________  Work Number: ______________________

2. Emergency Contact Name: ________________________________
   Relation to student: ___________________  Cell ______________________
   Home Number: ___________________________  Work Number: ______________________

Allergies: _________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

Medical Conditions: _________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

Accommodation Needs: _________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

Is there anything that we should be aware of? _________________________________________
_____________________________________________________________________
_____________________________________________________________________

In the event of an emergency, students will be taken to the nearest hospital.