



INTER-UNIVERSITY PROGRAM FOR LATINO RESEARCH

2008 Summer Institute for Latino Public Policy June 16- 20, 2008 Washington, DC

Emergency Contact Form

Name of Participant: _____

Permanent Address: _____

Telephone: _____ Cell Phone: _____

E-mail: _____ Age: _____

Emergency Contact Information

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Street Address: _____

City, State, Zip Code: _____

Home Phone Number: _____ Work: _____

Cell Phone: _____ E-mail: _____

Cell Phone: _____ E-mail: _____

Name of Insured: _____ Relationship: _____

Insurance Provider: _____

Insurance Policy Number: _____ Phone: _____

Health issues we should be aware of in case of an emergency:

I certify that this information is correct as of date below:

Print Name

Signature

Date