INTER-UNIVERSITY PROGRAM FOR LATINO RESEARCH

2009 Summer Institute for Latino Public Policy
June 15- 19, 2009
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