

TRAVEL EMERGENCY INFORMATION FORM

(Must be Filled Out By Each Trip Participant)

Turn into Amanda Lilgreen in Student Life
(The Zone, K 1425, 952-358-8848, Amanda.lilgreen@normandale.edu)

Name: _____

Address: _____

Phone #: _____

Group Traveling: _____

In Case of Emergency, Contact: _____

At the Following Number: _____

Health Insurance Company Name: _____

Policy Number: _____

TRAVEL CHECK OFF LIST

(Filled Out By Each Trip

Coordinator/Advisor)Group: _____

Advisor: _____ Ph. # _____

Student Coordinator: _____ Ph. # _____

Travel Location: _____

Travel Dates: _____

Lodging Contact Ph. # _____

Transportation Reserved: _____

Drivers meet Normandale & State Requirements for Group Travel: _____

Drivers Insurance covers Group Travel: _____

All Students are currently Enrolled Students at Normandale: _____

All Students have Participation Forms on file with Student Life: _____

All Students have attended Information Session about Trip: _____

All Students returned Medical, Insurance, Emergency Contact Info.: _____

Presentation will be made after trip if required, when / where: _____

****Please Return a copy to Student Life prior to your departure****