

**HOLY FAMILY UNIVERSITY
STUDENT TEACHER
EMERGENCY CONTACT FORM**

To be completed by the student teacher and submitted to the host school office and University supervisor.

Student Name:

Address:

City:

State:

Zip Code:

[H]

[W]

[M]

Host School:

Cooperating Teacher:

Room Number:

Emergency Contact Information

*List primary and secondary persons to be contacted in the event of an emergency.
The primary contact should be a spouse or legal guardian.*

Primary Contact Information

Name:

Relationship:

Address:

City:

State:

Zip Code:

[H]

[W]

[M]

Secondary Contact Information

Name:

Relationship:

Address:

City:

State:

Zip Code:

[H]

[W]

[M]

Medical Information↓

*Please list below any medical conditions, physical limitations, allergies, and medications
you are currently taking. If none, please indicate none.*

To the host school:

**Please notify the Field Placement Office at (267) 341-3363 or (267) 341-3666
in the event of an emergency.**