Short-Term CMC Sponsored International Travel
Emergency Contact Information

Student's Name _____ _____
(Last) (First)

Mother

Last_____First _____

Address: _____

City: _____ State: _____Zip Code:_____

Telephone No: ( )_____ Work No: ( )_____Cell No: ( ) _____

E-Mail Address: (H) _____ (W) _____

Father

Last_____First _____

Address: _____

City: _____ State: _____Zip Code:_____

Telephone No: ( )_____ Work No: ( )_____Cell No: ( ) _____

E-Mail Address: (H) _____ (W) _____

Guardian, Relative or Other (indicate relationship)

Last_____First _____

Address: _____

City: _____ State: _____Zip Code:_____

Telephone No: ( )_____ Work No: ( )_____Cell No: ( ) _____

E-Mail Address: (H) _____ (W) _____

In case of an emergency whom should we notify? Please check:

Mother ( ) Father ( ) Guardian/Relative/Other ( )
Describe any other precautions that you would like for us to take if necessary:

Return this form to: _____
CMC Sponsoring Organization

_____ _____
Program Contact Name Phone Number