

UNIVERSITY OF MINNESOTA MORRIS



Emergency Contact Information

Name _____ Program _____

Health Insurance Carrier _____

Name Policy is in _____

Policy (or group) Number _____

Who should we contact in case of an emergency? (List two)

Name 1: _____ Relationship _____

Address: _____

Phone #: Day _____ Evening _____

E mail _____

Name 2: _____ Relationship _____

Address: _____

Phone #: Day _____ Evening _____

E mail _____