

University of Wisconsin – Stevens Point Emergency Information

Medical Information

NAME OF STUDENT PARTICIPANT _____

In Case Of Emergency, Contact _____

At The Following Number _____

Health Insurance Company Name _____

Policy Number _____

Medical Conditions/Food Allergies to Note _____

Please list any special services you may require due to an existing medical condition or physical disability:

Vehicle Insurance Information

Automobile Insurance Company Name _____

Policy Number _____

Policy Limits _____

Emergency Phone List

UWSP Protective Services (715) 346-3456

UWSP Transportation Office (715) 346-2884

Student Involvement and Employment Office (715) 346-4700

Your Advisor's Number _____

Trip Leader's Number _____

Cell Phone Number on Trip _____

Other Numbers: _____

(It is recommended that copies are given to: 1 copy for trip leader's file, 1 copy for advisor's file and 1 for the participant)

9/6/02