

EMERGENCY CONTACT INFORMATION
for Field Experience and Internship Students

**YOUR FULL
NAME:**

AGE:

**RESIDENCE
ADDRESS:**

**HOME
PHONE:**

**CELL
PHONE:**

EMAIL:

1st Emergency Contact Information

Name of Contact

Home phone

Work/cell phone

2nd Emergency Contact Information

Name of Contact

Home phone

Work/cell phone

3rd Emergency Contact Information

Name of Contact

Home phone

Work/cell phone

Please indicate, at your discretion, any medical issues that would be important to know in an emergency situation.

★ You are responsible for giving this completed form to the administration of the school in which you are placed.

Winthrop University
Office of Field and Clinical Experiences
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(803) 323-4753