



Latin America Studies Institute
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**EMERGENCY
NOTIFICATION
FORM 2008**

Please print C L E A R L Y

Please fill in C O M P L E T E L Y

Date: [] New _____ [] Revised _____

Name:

Name: _____

Address: _____

State/ Province: _____

Zip Code: _____

Social Security Number: _____

Home Phone Number: _____

Cell Phone Number: _____

Person to Notify in Case of Emergency:

Name (1): _____

Address: _____

State/ Province: _____

Zip Code: _____

Home Phone Number: _____

Cell Phone Number: _____

Relationship to employee: _____

Name (2): _____

Address: _____

State/ Province: _____

Zip Code: _____

Home Phone Number: _____

Cell Phone Number: _____

Relationship to employee: _____

CLIENT NAME: _____

Do you have any medical conditions that we should be aware of?

Food allergies

Bug allergies

Asthma

Epilepsy

Other

Special Instructions:

All of your personal information and that of you emergency contacts is confidential and will only be released to the appropriate party in the event of an emergency.

Signature _____ Date _____