College of Applied Science and Technology

STUDENT EMERGENCY CONTACT FORM

For use when students travel away from McLean County on Department or School sponsored trips
To be retained in the Department or School office and copied to the Dean
CAST 5000 Turner 103 lfox2@ilstu.edu

Department/School ____________________________________________

Destination: _________________________________________________

Date/Dates: _________________________________________________

Faculty/Staff Sponsor: _________________________________________

Sponsor Local Phone Number: _________________________________

Sponsor Cell Phone Number: _________________________________

For trips longer than 24 hours, please attach itinerary
It is imperative that we have a contact number for each day of travel

For travel requiring more than one vehicle, please provide the cell phone number of at least one person from each vehicle

Additional vehicle driver/passenger cell phone number: ______________

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