

California State University, Los Angeles

Student Placement Emergency Contact Information

The following information, related to a University placement program, shall be retained by the Coordinator in-charge of a placement. Additionally, a copy may be maintained at the agency in the event the student becomes incapacitated.

The Emergency Information shall contain one or more of the following elements (those indicated by a "*" are required – PLEASE PRINT):

- * Program Coordinator: _____
NAME

- * Student name, home address and phone contact number.

NAME HOME ADDRESS

PHONE NUMBER

- * Student emergency contact name, phone number and relationship.

NAME PHONE NUMBER RELATIONSHIP

- Student intern's parent and/or legal guardian's name and phone number (if different from above). _____
NAME PHONE NUMBER

- Any special medical condition and/or medication that the student might require special assistance with in the event he/she becomes incapacitated (disclosure is voluntary).

Please list: _____

- Identification of physical limitations that the student might have (disclosure is voluntary).

- Name and contact information of student personal physician.

NAME PHONE NUMBER AFFILIATION (HMO, Hospital)

All information shall be maintained as confidential and only released when deemed appropriate based on the circumstances of the disclosure.