

EMERGENCY CONTACT FORM

SECTION 1: To be completed by the Trip Planner

TRAVEL INFORMATION

TRIP NAME:

TRIP SUPERVISOR:

TRAVEL DESTINATION:

DEPARTURE DATE:

RETURN DATE:

SECTION 2: To be completed by each Traveller

TRAVELLER INFORMATION

FIRST NAME:

LAST NAME:

UBC EMPLOYEE

EMPLOYEE #:

UBC STUDENT

STUDENT #:

VOLUNTEER

EMERGENCY CONTACT INFORMATION

1: NAME:

RELATIONSHIP:

ADDRESS:

PRIMARY TELEPHONE #:

ALTERNATE TELEPHONE #:

2: NAME:

RELATIONSHIP:

ADDRESS:

PRIMARY TELEPHONE #:

ALTERNATE TELEPHONE #:

I have voluntarily provided the information above and, for the purposes of the referenced travel, authorize the University of British Columbia and its representatives to contact any of the above on my behalf in the event of an emergency.

Signature:

Date:

