



Hagerstown Community College

Off Campus Travel

Student Emergency Contact Information

Student Name (printed): _____

HCC Student ID Number: _____ Cell Phone: _____

Trip Name: _____

Trip Date(s): _____

In the event of an emergency, please contact:

1. Name: _____

Relationship to Student: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

E-mail Address: _____

2. Name: _____

Relationship to Student: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

E-mail Address: _____

(Continued on back)

The purpose of this section is to help the HCC advisor provide you with appropriate help, if necessary. This disclosure is voluntary, but students have to accept responsibility for their decision not to complete information that may assist the College in ensuring a positive experience. It is important that your advisor be made aware of any medical, emotional or other special issues that might affect your participation in this college-sponsored trip. Any information will remain confidential and will only be shared with appropriate professionals on a need-to-know basis.

Please initial one:

_____ I choose not to provide the information.

_____ The responses to this voluntary questionnaire are true to the best of my knowledge.

Please circle "Yes" or "No"

YES NO Are you currently being treated for a physical or mental health condition that might affect your participation in this college-sponsored trip? If yes, please explain:

YES NO Do you have allergies that might affect your participation? If yes, please explain:

YES NO Are you taking any medications that might affect your participation? If yes, please explain:

YES NO Have you had any recent injuries, diseases or ailments that might affect your participation? If yes, please explain:

YES NO Are you a vegetarian or are you on a restricted diet? If yes, please explain:

YES NO Is there any additional information that you wish to share that would be helpful for the Advisor to be aware of during this trip? If yes, please explain:

Student Signature

Date

If under age 18, a parent/legal guardian signature is required whether or not information is provided.

Parent/Legal Guardian Signature

Date

Parent/Legal Guardian Printed Name

Date