

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 llfox2@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: _____

Additional vehicle driver/passenger cell phone number: _____

Additional vehicle driver/passenger cell phone number: _____

Additional vehicle driver/passenger cell phone number: _____

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

Name: _____
ID #: _____

Name: _____
ID #: _____

Name: _____
ID #: _____

Name: _____
ID #: _____

Name: _____
ID #: _____

Name: _____
ID #: _____

Name: _____
ID #: _____

Name: _____
ID #: _____

Name: _____
ID #: _____

Name: _____
ID #: _____

Name: _____
ID #: _____

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 llfox2@ilstu.edu

Name: _____

ID #: _____

Name: _____

ID #: _____

Name: _____

ID #: _____

Name: _____

ID #: _____

Name: _____

ID #: _____

Name: _____

ID #: _____

Name: _____

ID #: _____

Name: _____

ID #: _____

Name: _____

ID #: _____

Name: _____

ID #: _____

Name: _____

ID #: _____