**6/7/2022**  *(*

**Emergency Notification Form**

The information on the next two pages needs to be filled out by a parent or guardian. If there are any changes to this information during the summer program, please immediately notify the Wellness Center ([wellnesscenter@simons-rock.edu](mailto:wellnesscenter@simons-rock.edu))

**AT LEAST ONE OF THE EMERGENCY CONTACTS LISTED BELOW MUST BE CAPABLE OF PICKING UP THE CAMPER WITHIN 24 HOURS IF THEY CONTRACT COVID-19. ALTHOUGH SOME FLEXIBILITY WILL BE EXTENDED TO FAMILIES WHO LIVE FAR AWAY, THIS MUST NOT INVOLVE AN EXTENDED DELAY IN THE CAMPER’S DEPARTURE FROM CAMPUS.**

**STUDENT INFORMATION**

Student First Name: Student Middle Name: Student Last Name: Home Phone:

Cell Phone:

Student Citizenship: Email:

Street:

City:

State:

ZIP:

Country

DOB:

# Notify in Emergency (Parent/Guardian)

First Name:

Last Name:

Relationship to Student:

Address:

Home Phone:

Cell Phone:

Work Phone:

Email:

# Notify in Emergency (Parent/Guardian/Other)

First Name:

Last Name:

Relationship to Student:

Address:

Home Phone:

Cell Phone:

Work Phone:

Email:

# International Students Please Provide a U.S. contact

First Name: Last Name:

Relationship to Student: Address:

Home Phone: Cell Phone: Work Phone: Email:

, United States

# Signature Block

I certify that I am the parent or guardian of the student (listed above), and that I have completed this form.

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NAME SIGNATURE DATE

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