



SOWELA
TECHNICAL COMMUNITY COLLEGE

EMERGENCY CONTACT INFORMATION

Name:	Department:
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Address:

Home Phone Number:	Cell Phone:
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Alternate Phone:	Email (not SOWELA address):
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In the event of an emergency, please contact:	
Name: _____	Home Address: _____
Home Phone: _____	_____
Cell Phone: _____	Alternate Phone: _____

My hospital of preference is _____.	
I certify that I understand the following:	
<ul style="list-style-type: none">• If an ambulance is necessary, 911 will be called and I will be taken to the nearest hospital.• The above plan of action will be followed as requested in the event of an emergency.• I am responsible for any emergency fees including ambulance service.	
_____	_____
Signature	Date

Additional Comments:

