

Emergency Contact Form and Release

In order to participate in the Karst Field Studies Program you must provide two emergency contacts. By providing these contacts you authorize Western Kentucky University to report medical and other personal information as deemed necessary by any Western Kentucky University, medical, or other involved agents:

Contact #1 Name:

Relation:

Phone numbers (please provide as many as possible):

Contact #2 Name:

Relation:

Phone numbers (please provide as many as possible):

In the event of needing medical attention do you have any conditions, are you taking any types of medication, or have any other information that medical personnel may need to be aware of in order to ensure your safe and proper treatment?

YES NO

If yes please list:

Signature: _____ Date: _____

Printed Name: _____

Please send a hardcopy or electronic copy of this form to

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