EARLY FIELD EXPERIENCE
EMERGENCY CONTACT INFORMATION

Student Name: ___________________________ Student Phone: _______________________

Course (circle one): Junior Methods  Senior Methods  Secondary  Section: ______________

TAMU Course Instructor: ___________________________ Field Day/s: ______________

Campus/District: ___________________________ Mentor Teacher: ____________________

Emergency Contact #1

Name: _______________________________________

Relationship: __________________________________

Phone number: __________________________________

Alternate phone number: _________________________

Emergency Contact #2

Name: _______________________________________

Relationship: __________________________________

Phone number: __________________________________

Alternate phone number: _________________________

TAMU Contact - TAMU Field Experiences Office 979-845-8254

Acknowledgement:
It is imperative that you discuss health issues immediately with your mentor or list them on the back of this form.

I understand that TAMU students cannot be treated by a school district nurse. It is further understood that if I am unable to communicate, emergency medical help will be summoned and I will be taken to the nearest emergency facility.

__________________________________________  ____________________________
Signature                                      Date