



Emergency Contact Information Sheet
BSC in Chicago
October 19-22



Name of Traveler: _____

Social Security #: _____ age: _____

Address: _____

Phone Number(s): _____

Emergency Contact Person: _____

Relationship: _____

Address: _____

Phone Number(s): Daytime _____ Evening _____

Cell Phone Number: _____

Religious Affiliation: _____

Insurance Information: _____

Phone Number: _____

Policy Number: _____

Allergies or Medical Conditions: _____

Current Medication: _____

Please provide copy of Insurance Card