

**UNL Summer Field School in Archaeology
Anthropology & Geography Department**

EMERGENCY CONTACT FORM

In Case of Emergency, Contact:

Student Name: _____ Age: _____ UNL ID #: _____

Contact Name: _____

Home Telephone: (_____) _____
Area Code

Work Telephone: (_____) _____
Area Code

Cell Telephone: (_____) _____
Area Code

E-Mail Address: _____

Insurance Provider: _____

Allergies or other conditions: _____ Yes _____ No

If yes, explain and give precautions we need to take: _____

Signature

Date