Student Travel Policy			
Reference Number	Cabinet Officer Approval 070228 - DM	Effective Date 02/28/2007	Page 1 of 1

College Sponsored Off-Campus Event Emergency Contact Person List

Instructions: This form is to be completed by all participants/travelers, including the Contact Person. A separate form is required for each vehicle. The original of this completed form/s will be given to Campus Safety prior to leaving Tusculum College. A copy of this completed form/s will accompany the student or student group during the Sponsored Off-Campus Event and will be maintained by the Contact Person.

Organization Name:_____

Event Name:_____

Destination:_____

Travel Dates: _____/____/____ to ____/____/____

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Name: _____

Emergency Contact Person: _____

Relationship: _____

Address: _____

Home phone: _____ Work phone:_____

Cell phone or pager: _____ Email: _____

Additional contact information: _____

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Name: _____

Emergency Contact Person: _____

Relationship: _____

Address: _____

Home phone: _____ Work phone:_____

Cell phone or pager: _____ Email: _____

Additional contact information: _____

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Name: _____

Emergency Contact Person: _____

Relationship: _____

Address: _____

Home phone: _____ Work phone:_____

Cell phone or pager: _____ Email: _____

Additional contact information: _____