



FIELDWORK CRITICAL DATA FORM

Field Trip #

IDENTIFICATION

Name:

Address:

Employee or Student No.

Phone No.

EMERGENCY CONTACT INFORMATION

Emergency Contact:

Relationship:

Home Phone:

Work Phone:

EMERGENCY MEDICAL INFORMATION

Please identify all known allergies and the nature of your reaction:

Please identify and describe any disabilities or conditions which may limit your participation in the fieldwork activities. Please include any previous injuries.

Please identify any medication that you are presently using that would be important for the instructor and/or Emergency personnel to know about.