



Field Experience and School Partnerships Office
Education Building - Room 1105
(607) 753-2824
(607) 753-5966 (fax)

**PLEASE RETURN THIS FORM TO THE FIELD EXPERIENCE AND SCHOOL PARTNERSHIPS OFFICE
AND
SUBMIT ONE COPY TO THE SCHOOL NURSE AT EACH SCHOOL TO WHICH YOU ARE ASSIGNED.**

STUDENT TEACHER EMERGENCY CONTACT FORM

**IT IS IMPORTANT THAT SUNY CORTLAND KNOW WHO TO CONTACT IN THE EVENT OF A MEDICAL EMERGENCY
WHILE STUDENT TEACHING. PLEASE PROVIDE CLEAR AND COMPLETE INFORMATION.**

Semester: Fall 20 _____ Spring 20 _____

Student Name: _____ Major: _____

Home Address: _____
Street City State

Cell#: (____) _____ Home#: (____) _____

Address While Student Teaching: _____
Street City State

Primary Contact in Case of Emergency:

Name: _____

Relationship: _____

Cell#: (____) _____ Work#: (____) _____ Home#: (____) _____

Secondary Contact in Case of Emergency:

Name: _____

Relationship: _____

Cell#: (____) _____ Work#: (____) _____ Home#: (____) _____

Any Known Medical Conditions/Allergies of Which We Should Be Aware: _____

Rev. 2/2016

**To the Host School:
Please notify the Field Experience and School Partnerships Office at (607) 753-2824 or
(607) 753-2255 in the event of an emergency. Thank you.**