

DELTA COLLEGE EMERGENCY INFORMATION

Name: _____

_____ Full-Time

_____ Part-Time

Position: _____

_____ Faculty

_____ Staff

IN CASE OF AN EMERGENCY NOTIFY

First Choice

Name: _____

Address: _____

Day Phone: _____

Evening Phone: _____

Relationship: _____

Second Choice

Name: _____

Address: _____

Day Phone: _____

Evening Phone: _____

Relationship: _____

Do you have any health and/or medication information you want the College to know in the event of emergency situations:

Additional Comments:
