

**AUGUSTANA COLLEGE  
EMERGENCY INFORMATION FORM #2**

The information requested below will be used only in case of emergency and is limited to the duration of your participation in an Augustana College-sponsored off-campus program.

**PERSONAL INFORMATION**

**Name** \_\_\_\_\_

**Program Destination** \_\_\_\_\_

**Program Dates** \_\_\_\_\_

**Augie Email** \_\_\_\_\_

**Other Email** \_\_\_\_\_

**Home Phone #** \_\_\_\_\_ **Cell Phone #** \_\_\_\_\_

**EMERGENCY CONTACT ONE**

**Name** \_\_\_\_\_

**Relationship** \_\_\_\_\_

**Address** \_\_\_\_\_

**Home Phone #** \_\_\_\_\_ **Cell Phone #** \_\_\_\_\_

**Fax (if available)** \_\_\_\_\_ **Work Phone #** \_\_\_\_\_

**Email** \_\_\_\_\_

**EMERGENCY CONTACT TWO**

**Note:** MUST BE A DIFFERENT PERSON THAN EMERGENCY CONTACT ONE ABOVE!

**Name** \_\_\_\_\_

**Relationship** \_\_\_\_\_

**Address** \_\_\_\_\_

**Home Phone #** \_\_\_\_\_ **Cell Phone #** \_\_\_\_\_

**Fax (if available)** \_\_\_\_\_ **Work Phone #** \_\_\_\_\_

**Email** \_\_\_\_\_