



SAINT MARY'S COLLEGE
of California

Center for International Programs

Emergency Contact Information Form

Participant's Name: _____
(first) (middle) (last)

Program: _____ Term/Year: _____

Emergency Contact Information:

Name: _____ Relation: _____

Primary Phone: () _____ Alternate Phone: () _____

Email Address: _____

Name: _____ Relation: _____

Primary Phone: () _____ Alternate Phone: () _____

Email Address: _____

Name: _____ Relation: _____

Primary Phone: () _____ Alternate Phone: () _____

Email Address: _____