

California State University, Los Angeles

Field Trip Emergency Information Guidelines Form

The following guidelines are for the collection and retention of emergency information related to a University sponsored field trip. This information shall be retained by the Field Trip Supervisor in-charge of the travel. Additionally, an extra copy shall accompany another State employee and/or University registered volunteer in the event the primary person becomes incapacitated.

The Emergency Information shall contain one or more of the following elements (those indicated by a “*” are required – PLEASE PRINT):

- *University Field Trip Supervisor: _____
NAME

- *Travel participant’s name, home address and phone contact number.

NAME HOME ADDRESS PHONE NUMBER

- *Travel participant’s emergency contact name and phone number and relationship of this contact to travel participant.

NAME PHONE NUMBER RELATIONSHIP

- Travel participant’s parent and/or legal guardian’s name and phone number (if different from above). _____
NAME PHONE NUMBER

- Any special medical condition and/or medication that the travel participant might require special assistance with in the event they become incapacitated (disclosure is voluntary). Please list: _____

- Identification of physical limitations that the travel participant might have (disclosure is voluntary).

- Name and contact information of travel participant’s personal physician.

NAME PHONE NUMBER

All information shall be maintained as confidential and only released when deemed appropriate based on the circumstances of the disclosure.

The aforementioned elements are intended to be a guide to Field Trip Supervisors and there may be the need to gather additional information beyond those elements shown above.