

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.