## Short-Term CMC Sponsored International Travel Emergency Contact Information

Student's Name				
Mother	(Last)		(F	irst)
Last		First		
Address:				
City:	State:		Zip Code:	
Telephone No: ( )	Work No: (	)	Cell No: (	)
E-Mail Address: (H)			(W)	
Father				
Last		First		
Address:				
City:	State:		Zip Code:	
Telephone No: ( )	Work No: (	)	Cell No: (	)
E-Mail Address: (H)			(W)	
Guardian, Relative o	r Other (indicate relationship)			
Last		First		
Address:				
City:	State:		Zip Code:	
Telephone No: ( )	Work No: (	)	Cell No: (	)
E-Mail Address: (H)			(W)	
In case of an emergence	cy whom should we notify? Please	check:		
Mother ( ) Describe any other pre	Father ( ) ecautions that you would like for us		an/Relative/Other ( ) f necessary:	
Return this form to:				
	CMC Sponsoring Organization			
Program Contact Nam		Phone N	umher	