



Field Experience and School Partnerships Office  
Education Building - Room 1105  
(607) 753-2824  
(607) 753-5966 (fax)

**PLEASE RETURN THIS FORM TO THE FIELD EXPERIENCE AND SCHOOL PARTNERSHIPS OFFICE  
AND  
SUBMIT ONE COPY TO THE SCHOOL NURSE AT EACH SCHOOL TO WHICH YOU ARE ASSIGNED.**

**STUDENT TEACHER  
EMERGENCY CONTACT FORM**

**IT IS IMPORTANT THAT SUNY CORTLAND KNOW WHO TO CONTACT IN THE EVENT OF A MEDICAL EMERGENCY  
WHILE STUDENT TEACHING. PLEASE PROVIDE CLEAR AND COMPLETE INFORMATION.**

Semester: Fall 20 \_\_\_\_\_ Spring 20 \_\_\_\_\_

Student Name: \_\_\_\_\_ Major: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street City State

Cell#: (\_\_\_\_) \_\_\_\_\_ Home#: (\_\_\_\_) \_\_\_\_\_

Address While Student Teaching: \_\_\_\_\_  
Street City State

**Primary Contact in Case of Emergency:**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Cell#: (\_\_\_\_) \_\_\_\_\_ Work#: (\_\_\_\_) \_\_\_\_\_ Home#: (\_\_\_\_) \_\_\_\_\_

**Secondary Contact in Case of Emergency:**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Cell#: (\_\_\_\_) \_\_\_\_\_ Work#: (\_\_\_\_) \_\_\_\_\_ Home#: (\_\_\_\_) \_\_\_\_\_

Any Known Medical Conditions/Allergies of Which We Should Be Aware: \_\_\_\_\_

Rev. 2/2016

**To the Host School:  
Please notify the Field Experience and School Partnerships Office at (607) 753-2824 or  
(607) 753-2255 in the event of an emergency. Thank you.**