

FORM(S) D: EMERGENCY CONTACT FORM

Each year, every chapter member must fill out the emergency contact cards that will be provided by the Student Activities, Involvement, & Leadership. The chapter must keep these cards on file at the chapter facility or designated spot determined by the chapter. The chapter must turn in a roster of all the members who live in the facility to the Student Activities, Involvement, & Leadership along with the Certification of Completed Emergency Information Cards form that will be provided to the chapter by the Student Activities, Involvement, & Leadership. The chapters are responsible to keep these cards and rosters updated each quarter when new members are accepted and members graduate or disaffiliate from the chapter.

Eastern Washington University – Sorority & Fraternity Life Emergency Information Form

Name _____ Birthdate _____ Date Filed _____
 Last First Middle

Local Address _____

City _____ State _____ Zip _____

Guardians' Name _____ Area code _____ Phone _____

Guardians' Address _____

City _____ State _____ Zip _____

IN CASE OF AN EMERGENCY CALL: (if different from parents)

Name _____ Area Code _____ Phone _____

Address _____ State _____ Zip _____

Family Physician _____ Area Code _____ Phone _____

Preferred Cheney or Spokane Physician _____ Phone _____

Address _____ City _____ State _____ Zip _____

Spokane Area Hospital Preference _____

Employed? _____ Employer's name _____

Car on campus? _____ License Number _____ State _____

Motorcycle/ Moped on campus? _____ License Number _____ State _____

In case of medical or personal emergencies, I give you permission to contact my parents or guardian.

Signature _____

INITIAL _____