



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
(Communication Disorders and Sciences Students ONLY)**

AND

SUBMIT ONE COPY TO THE SCHOOL NURSE AT EACH SCHOOL TO WHICH YOU ARE ASSIGNED.

EMERGENCY CONTACT FORM – TEACHER CANDIDATES

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

Teacher Candidate's Name _____

Home Address _____

Home Phone Number (____) _____

Your Address While Student Teaching _____

Phone Number While Student Teaching (____) _____

Person to Contact in Case of Emergency:

Name _____

This Person's Relationship to You _____

Day Phone (____) _____ Evening Phone (____) _____

Alternative Person to Contact:

Name _____

This Person's Relationship to You _____

Day Phone (____) _____ Evening Phone (____) _____

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