

MVCC Student Employment Emergency Contact

Last Name _____ First Name _____

Address _____

Home Phone _____ (Cell) _____

* Health Concerns _____

Who would you like contacted at the time of serious injury or illness?

Full Name _____ Relationship _____

Phone (H) _____ (W) _____ (Cell) _____

Full Name _____ Relationship _____

Phone (H) _____ (W) _____ (Cell) _____

Moraine Valley Community College authorities have my consent to act in an emergency to secure the necessary aid and transportation for the preservation of my health in time of emergency.

Signature _____ Date _____

* Filling fields out are optional