



Wells College

*Wells College
Off-Campus Study Programs
Emergency Contact Information Form*

Name _____

E-Mail address while abroad _____

Cell phone number while abroad _____

In the event of an emergency please contact:

Parent/Guardian 1 Parent/Guardian 2 Both Other

Parent/Guardian 1 _____

Street _____

City _____ State ____ Zip _____

E-Mail _____

Home Phone _____ Business Phone _____

Cell Phone _____

Parent/Guardian 2 _____

Street _____

City _____ State ____ Zip _____

E-Mail _____

Home Phone _____ Business Phone _____

Cell Phone _____

Other Name and Address (if emergency contact is not Parent/Guardian 1 or 2)

Name _____

Street _____

City _____ State ____ Zip _____

E-Mail _____

Home Phone _____ Business Phone _____

Cell Phone _____