

Emergency Contact Form and Release

In order to participate in the Karst Field Studies Program you must provide two emergency contacts and by providing these you authorize Western Kentucky University to report medical and other personal information as deemed necessary by any Western Kentucky University, medical, or other involved agents:

Name: _____

Relation: _____

Phone numbers (please provide as many as possible): _____

Name: _____

Relation: _____

Phone numbers (please provide as many as possible): _____

In the event of needing medical attention do you have any conditions or are you taking any types of medication that medical personnel need to be aware of?

YES NO

If yes please list: _____

Signature: _____ Date: _____

Printed Name: _____

Please send a hardcopy or electronic copy of this form to

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