



Central Washington University
Early Childhood Learning Center
1900 Brooklane, Ellensburg, WA

Student Staff Emergency Contact

All information gathered on this form will remain confidential and will only be used in Emergency situations

Employee Contact Information

Student Name: _____	Date: _____
Date of Birth _____	Student ID _____
Email Address _____	
Phone # _____	
Home Address _____	
College Address _____	

Roommates(s) or local contact in case of emergency

Name _____ Contact phone _____

Emergency Contact Info

Parent Name _____ Contact Number: _____

Parent Name _____ Contact Number: _____

Are you currently taking any medications? Yes No

If yes, please note: _____

Do you have any allergies? Yes No

If yes, please note: _____

Do you have any ongoing health issues/concerns we should be aware of? Yes No

If yes, please note _____