



RunningStart[®]

Emergency Contact Information Form

Student Name: _____ UIN: _____

Student Address: _____

City: _____ State: _____ Zip: _____

Student Home Phone: (_____) _____

Student Work Phone: (_____) _____

Student Cell Phone: (_____) _____

Yes, Baker College has my permission to text me at this cell phone number

Contact Name: _____

Contact Phone Number: (_____) _____

Relationship of Contact to Student: _____

Preferred Local Hospital: _____

Student Signature: _____ Date: _____