Emergency Contact Information Form

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Today’s Date:**

**Work Phone:**

**Home Phone:**

**Cell Phone:**

Emergency Contact Person Contact Information

**Name:**

**Relationship to You:**

**Contact Number:**

Driver/Vehicle Information

**Driver’s License # (and State):**

**Vehicle License Plate # (and State):**

**Make/Model/Color of Vehicle:**

**Please email this form to** [**emily.ann.johnson@yale.edu**](mailto:emily.ann.johnson@yale.edu) **or** [**jennifer.dolan-auten@yale.edu**](mailto:jennifer.dolan-auten@yale.edu)