

**UIUC Teacher Education Program  
Emergency Form**

**Please complete this form and leave a copy with your cooperating teacher and your supervisor.**

Student Name \_\_\_\_\_

In Case of Emergency Please Notify:

1. Name \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

2. Name \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

3. Name \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

**If immediate medical attention is needed, I give my permission to be taken to**

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I have University of Illinois student insurance.

I have private insurance.

Signed \_\_\_\_\_ Date \_\_\_\_\_