

College Emergency Contacts & Procedures

Contacts

Santa Fe College Police Department:	(352) 395-5519	Emergency: (352) 395-5555
Santa Fe College Student Life Department:	(352) 395-5912	
Director of Student Life (Dr. Tracey Reeves):	(352) 395-4173	Cell: (571) 332-8405

Procedures

1. Before leaving for a trip:

- The advisor must complete the *Emergency Contact Information* form (page 1) and submit to S-147, a minimum of 5 business days prior to the trip.
- All travelers (students and advisors) must complete the *Emergency Contact Information* form (page 2) and submit to S-147, a minimum of 5 business days prior to the trip.
- All travelers (students and advisors) must complete an *Emergency Information* form. The travel advisor must carry these with them on the trip.

2. While on the trip:

- Any serious injury to persons on Santa Fe College student trips should be reported immediately to the Santa Fe Police Dept. at (352) 395-5519.
- If a student's or advisor's injury warrants medical attention, the *Emergency Information* form should be given to the medical providers.

3. With regards to notification:

- The Director of Student Life or Santa Fe Police will handle all necessary notifications.
- For your information....
 - If an injured student is over 18, parents/legal guardians **may not be contacted** without the student's consent, due to the Family Educational Right to Privacy Act. HOWEVER, the emergency contact listed on the *Emergency Information* form may be contacted as the student or advisor has given their consent by signing the form.
 - If an injured student is under 18, the parents/legal guardians **must be contacted**, regardless of student's consent.

Equal Access/Equal Opportunity

Santa Fe College is committed to an environment that embraces diversity, respects the rights of all individuals, is open and accessible, and is free of harassment and discrimination based on, but not limited to, ethnicity, race, creed, color, religion, age, disability, sex, marital status, national origin, genetic information, political opinions or affiliations, and veteran status in all its programs, activities and employment. www.sfcollege.edu/eaao. Inquiries regarding non-discrimination policies should be directed to: Lela Frye, Equal Access/Equal Opportunity Coordinator, 3000 NW 83rd Street, R-Annex, Room 105, Gainesville, Florida, 32606, (352) 395-5420, lela.frye@sfcollege.edu

Emergency Contact Information (page 1 of 2)

Organization Name: _____

Trip Dates: _____ Destination: _____

Advisor's Name(s): _____ Cell Phone #: _____

If staying overnight, please list the hotel's name and phone number:

Method of transit (circle one)

Airline Flight #'s _____

Greyhound/Red Coach/Amtrak Bus/Train #'s _____

Rental or college owned vehicle(s) List all drivers: _____

Charter Bus Bus Company: _____

Personal Vehicle(s) _____

The Police Department and the Director of Student Life will each have one copy of this information.

**Complete page 1 & 2 and submit to the Student Life Business Office (S-147),
a minimum of 5 business days prior to the travel date.**

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Organization Name: _____

Trip Dates: _____ Destination: _____

All travelers, advisors and students, must provide all requested information. Use Black or Blue ink. Use additional forms if necessary.

Traveler

Emergency Contact*

#	Name (First & Last)	SF ID #	Cell Phone (Include Area Code)	Name (First & Last)	Phone # (Include Area Code)	Address (Street, City, State, ZIP Code)
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*By providing emergency contact information this person may be contacted in the event of an emergency.
 An emergency may be defined as “a sudden, urgent, or unexpected occurrence or occasion requiring immediate action.”

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This form is intended to document any medical conditions. The information you provide will remain confidential and will be released only to the advisor or staff member leading the trip or activity.

Name: _____ Student #: _____

Address: _____ Phone #: _____

In case of emergency, please contact (if under 18, this must be a parent/legal guardian):

Name: _____ Home Phone #: _____

Work Phone #: _____ Cell Phone #: _____

Next of Kin:

Name: _____ Relationship: _____

Street Address: _____

1. Do you have any special medical conditions (heart, respiratory, high blood pressure, etc.)? Y N

If yes, please explain: _____

2. Are you taking any prescription or non-prescription medications? Y N

If yes, please list names and dosages: _____

3. Do you have any allergies (food, bees, insects, medicines, etc.)? Y N

If yes, please explain: _____

4. Do you have a disability (physical, emotional, etc.)? Circle one: Y N

If yes, indicate the functional implications and any concerns about participation related to your disability:

5. Name of Insurance Company (if applicable): _____ Policy #: _____

By signing below I hereby state I have disclosed all medical and personal information.

 Signature Date Parent Signature (if under 18) Date

 Witness Signature Date Print name of parent

(Required if traveler is under 18; witness may be a SF employee or a notary public)

Name: _____

Student #: _____