



## SOUTH LOUISIANA COMMUNITY COLLEGE

### EMERGENCY CONTACT INFORMATION

Name \_\_\_\_\_

#### Family/Related Persons (Emergency Contact):

_____	_____	_____
Name	Relationship	Phone Number

_____	_____	_____
Name	Relationship	Phone Number

_____	_____	_____
Name	Relationship	Phone Number

_____	_____	_____
Name	Relationship	Phone Number

Please indicate any existing medical condition(s) we should be aware of:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

You may choose NOT to complete any or all of this form. This information is confidential and will be filed in your personnel folder.