



**EMERGENCY CONTACT INFORMATION
Practicum Student**

*Dept of Early, Elementary, &
Reading Education
(540)568-6255, 568-6292*

Student's full name _____ Phone number _____

Local address _____

Emergency contact person(s) _____

Address _____

Phone number(s) _____

Please share information about any medical conditions for which you may need assistance in the event of an emergency. Use back of card if necessary.

Please share information about food or environmental allergies that may affect your participation in the classroom. Use back of card if necessary.

This card may be given to practicum school authorities and shared with emergency medical personnel if necessary.

Signature of JMU practicum student



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