

Field Placement Office
D-210 Cornish Hall

*PLEASE RETURN THIS FORM TO THE FIELD PLACEMENT OFFICE AND SUBMIT
ONE COPY TO THE SCHOOL NURSE AT EACH SCHOOL TO WHICH YOU ARE ASSIGNED.*

EMERGENCY MEDICAL INFORMATION FORM - STUDENT TEACHERS

IT IS IMPORTANT THAT SUNY CORTLAND KNOW WHOM TO CONTACT IN THE EVENT THAT YOU
HAVE A MEDICAL EMERGENCY WHILE STUDENT TEACHING. PLEASE GIVE CLEAR AND
COMPLETE INFORMATION.

Name _____

Home Address _____

Home Phone Number (____) _____

Your Address While Student Teaching _____

Phone Number While Student Teaching (____) _____

Person to Contact in Case of Emergency:

Name _____

This Person's Relationship to You _____

Day Phone (____) _____ Evening Phone (____) _____

Alternative Person to Contact:

Name _____

Day Phone (____) _____ Evening Phone (____) _____

Any Known Medical Conditions/Allergies of Which We Should Be Aware: _____

Name of School(s) _____

Name of Cooperating Teacher(s) _____

**NOTE: PLEASE BE SURE TO RETURN ONE FORM TO THE FIELD PLACEMENT OFFICE, SUNY CORTLAND, P.O. BOX 2000, CORTLAND, NY 13045
AND TO SUBMIT ONE COPY TO THE SCHOOL NURSE AT EACH SCHOOL TO WHICH YOU ARE ASSIGNED.**

P.O. Box 2000 Cortland, New York 13045-0900
Phone: (607) 753-2824 | Fax: (607) 753-5966