

Misericordia University
Speech-Language Pathology Career Exploration Camp

Emergency Contact Information

Your name: _____

Address: _____

Guardian's Name: _____

Guardian's day phone number: _____

Evening phone number: _____

Cell phone number: _____

Please list any Conditions or Needs you would like to make us aware of (e.g., asthma, diabetes, medications, allergies, etc.).

Also, please include a copy of your health insurance card.