



## Emergency Contact Information Form

Every student participating in academic/workforce, co-curricular, Continuing Education (CE) and Workforce Development, extracurricular, or student organization travel must complete an *Emergency Contact Information Form* **for each trip** if:

1. the group is traveling in a Collin College-owned or -leased vehicle;
2. the trip requires an overnight stay; and/or
3. the trip is required by a Collin College registered student organization, in accordance with [Section 51.950](#) of the [Texas Education Code](#).

The responsible party\* must keep a copy of every student's *Emergency Contact Information Form* in their possession throughout the duration of each trip.

A copy of every student's *Emergency Contact Information Form* must be on file with the appropriate custodian of records listed below prior to departure.

1. For **academic/workforce travel**, the appropriate academic/workforce dean, associate academic/workforce dean, program director, or designee is the custodian of records.
2. For **Continuing Education (CE) and Workforce Development travel**, the appropriate Continuing Education (CE) and Workforce Development program director or designee is the custodian of records.
3. For **co-curricular, extracurricular, and student organization travel**, the appropriate dean of student and enrollment services or designee is the custodian of records.

\*Note: every athletic coach, co-curricular advisor, extracurricular advisor, faculty member, instructor, staff member, student organization advisor, travel advisor, or travel advisor of record overseeing approved student travel shall be identified as the "responsible party."

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### Participant's Information

First Name:

Middle Initial:

Last Name:

9-Digit CWID Number:

Collin College Email Address:

Phone Number:

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### Trip Information

Name of Organization or Group Traveling  
(e.g., HIST 1302 Class, Tennis Team, PTK):

Event Attending (e.g., Trip to State Capitol,  
Tennis Tournament, PTK Annual Conference):

Responsible Party's First Name:

Responsible Party's Last Name:

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### Emergency Contact Information

Emergency Contact's First Name:

Emergency Contact's Last Name:

Emergency Contact's Relationship to Participant (e.g., Parent, Friend, etc.):

Emergency Contact's Phone Number: