



STUDENT TRAVEL TRIP INFORMATION

College Emergency Contact and Procedures

Contacts

Santa Fe College Police Department: (352) 395-5519
Department Chair: _____

Procedures

- 1) Before leaving for a trip:
 - a) An advisor must complete the Trip Information Sheet (page 1) and turn it in to the Police Department and the Travel Department in the Office for Finance a minimum of five (5) business days prior to the trip.
 - b) All travelers (i.e. students and advisors) must complete the Trip Information Sheet (page 2) and turn it in to the Police Department and the Travel Department in the Office for Finance a minimum of five (5) business days prior to the trip.
 - c) All travelers (i.e. students and advisors) must complete an Emergency Information form and give to the trip advisor.

- 2) While on the trip:
 - a) Any serious injury to persons on Santa Fe College student trips should be reported immediately to the Santa Fe Police Department at (352) 395-5519.
 - b) If a student's injury warrants medical attention, the student's Emergency Information form should be given to the medical providers.

- 3) With regards to notification:
 - a) Santa Fe Police will handle all necessary notifications.
 - b) If an injured student is over 18 years old, parents/legal guardians **may not be contacted** without the student's consent, due to the Family Educational Right to Privacy Act.
 - c) If an injured student is under 18 years old, the parents/legal guardians **must be contacted**, regardless of the student's consent.

**STUDENT TRAVEL
TRIP INFORMATION SHEET (Page 1 of 2)**

Organization Name: _____

Trip Dates: _____

Destination: _____

Advisor: _____ Cell Phone # (if applicable) _____

If staying overnight, list the hotel's name and phone number:

Method of transit (circle one)

Airplane Flight Numbers _____

Greyhound/Amtrak Bus/Train Numbers _____

Charter Bus Charter Co. name & phone # _____

Rental vehicle List all drivers: _____

Personal vehicle List all drivers: _____

*The Police Department and the Senior Accounting Clerk - Travel must each receive a copy of this information.

Complete and submit to Travel, Office for Finance (F-26) a minimum of five (5) business days before leaving.

**STUDENT TRAVEL
EMERGENCY INFORMATION FORM**

This form is intended to document any medical conditions. The information you provide will remain confidential and will be released only to the advisor or staff member leading the trip or activity.

Name: _____ Student #: _____

Address: _____ Phone #: _____

In case of emergency, please contact (if under 18 years old, this must be a parent/legal guardian):

Name: _____ Home Phone #: _____

Work Phone #: _____ Cell Phone #: _____

Next of Kin:

Name: _____ Relationship: _____

Street Address: _____

Medical Information:

1. Do you have any special medical conditions (i.e. heart, respiratory, high blood pressure, etc.)? Yes No

If yes, please explain: _____

2. Are you taking any prescription or non-prescription medications? Yes No

If yes, please explain: _____

3. Do you have any allergies (i.e. food, bees, insects, and medicines)? Yes No

If yes, please explain: _____

4. Do you have a disability (i.e. physical, emotional, etc.)? Yes No

If yes, please indicate the functional implications and any concerns about participation related to your disability:

5. Name of Insurance Company: _____ Policy #: _____

I have disclosed all medical and personal information.

Signature

Date

Parent Signature (if under 18 years old)

Date

Witness Signature (if under 18 years old)
(May be SF employee or notary public)

Date