



# CAL POLY STUDENT TRAVEL EMERGENCY INFORMATION CARD

Form CT-3

Club Name: \_\_\_\_\_

Dates of Travel: \_\_\_\_\_

Destination: \_\_\_\_\_

## Student Information:

Student's Name: \_\_\_\_\_ Student ID #: \_\_\_\_\_

Local Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

## Emergency Contact Information:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

## Insurance and Vehicle Information:

Medical Insurance Company: \_\_\_\_\_ Name of Policy Holder: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Auto Insurance Company: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Vehicle Make: \_\_\_\_\_ Vehicle Model: \_\_\_\_\_

Vehicle Year: \_\_\_\_\_ Vehicle Color: \_\_\_\_\_

Vehicle License Plate: \_\_\_\_\_