



Kean University - College of Education
 Hennings Hall – Room 443 - Union, NJ 07083
 Phone: 908-737-3760/Fax: 908-737-3750

Semester _____ Year _____

Pre-professional _____

Professional _____

CLINICAL/FIELD EXPERIENCE EMERGENCY INFORMATION

This Emergency Information Form **MUST** be completed and distributed to the appropriate parties in order to be eligible to begin your field experience.

- Directions:
1. One copy of this form must be given to the principal of each school where a clinical experience is being performed.
 2. Two copies of this form must be given to your clinical supervisor. The supervisor will retain one copy and forward the other copy to the College of Education.

Student Name: _____ Kean I.D.: _____

Address: _____

City, State, Zip: _____

Phone: _____ Email: _____

University Supervisor: _____ Phone: _____

List the name and phone numbers of two (2) people, plus doctor, who can be contacted in case of emergency

Name: _____ Relationship: _____

Address: _____ Phone: _____

Name: _____ Relationship: _____

Address: _____ Phone: _____

Doctor's Name: _____ Known Medical Conditions: _____

Address: _____ Phone: _____

Student Signature: _____ Date: _____

**Please Complete This Form And Return The Original To Your Clinical Supervisor
By The End Of The First Week Of Your Clinical/Field Experience**

Revised: 7/23/18