



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**