

**SHIPPENSBURG UNIVERSITY DEPARTMENT OF SOCIAL WORK & GERONTOLOGY  
EMERGENCY CONTACT INFORMATION**

**Instructions:** The PRACTICUM STUDENT should complete this form, keep one copy and then distribute a copy to the Field Instructor and Faculty Liaison.

Name: \_\_\_\_\_ Location in Placement: \_\_\_\_\_

Primary Work Phone: \_\_\_\_\_ ext. \_\_\_\_\_ Secondary Work Phone: \_\_\_\_\_ ext. \_\_\_\_\_

Primary Home/Cell Phone: \_\_\_\_\_ ext. \_\_\_\_\_ Email Address: \_\_\_\_\_

**FIELD INSTRUCTOR**

Name: \_\_\_\_\_ Location in Placement: \_\_\_\_\_

Primary Work Phone: \_\_\_\_\_ ext. \_\_\_\_\_ Secondary Work Phone: \_\_\_\_\_ ext. \_\_\_\_\_

Primary Home/Cell Phone: \_\_\_\_\_ ext. \_\_\_\_\_ Email Address: \_\_\_\_\_

**ALTERNATIVE CONTACT PERSON AT PLACEMENT**

Name: \_\_\_\_\_ Location in Placement: \_\_\_\_\_

Primary Work Phone: \_\_\_\_\_ ext. \_\_\_\_\_ Secondary Work Phone: \_\_\_\_\_ ext. \_\_\_\_\_

Primary Home/Cell Phone: \_\_\_\_\_ ext. \_\_\_\_\_ Email Address: \_\_\_\_\_

**FACULTY LIAISON**

Name: \_\_\_\_\_ Office Location: \_\_\_\_\_

Primary Work Phone: \_\_\_\_\_ ext. \_\_\_\_\_ Secondary Work Phone: 717-477-1717 ext. \_\_\_\_\_

Primary Home/Cell Phone: \_\_\_\_\_ ext. \_\_\_\_\_ Email Address: \_\_\_\_\_

**BSW FIELD EDUCATION DIRECTOR**

Name: \_\_\_\_\_ Office Location: \_\_\_\_\_

Primary Work Phone: \_\_\_\_\_ ext. \_\_\_\_\_ Secondary Work Phone: 717-477-1717 ext. \_\_\_\_\_

Primary Home/Cell Phone: \_\_\_\_\_ ext. \_\_\_\_\_ Email Address: \_\_\_\_\_

**DEPARTMENT CHAIRPERSON**

Name: \_\_\_\_\_ Office Location: \_\_\_\_\_

Primary Work Phone: \_\_\_\_\_ ext. \_\_\_\_\_ Secondary Work Phone: 717-477-1717 ext. \_\_\_\_\_

Primary Home/Cell Phone: \_\_\_\_\_ ext. \_\_\_\_\_ Email Address: \_\_\_\_\_

**S.U. Campus Police 717-477-1444**