

**STUDENT EMERGENCY CONTACT  
RELEASE OF INFORMATION  
8/15/2024**

Student's Name: \_\_\_\_\_

Student's phone number: Home: \_\_\_\_\_

Cell: \_\_\_\_\_

Emergency contact: (name/relationship) \_\_\_\_\_

Emergency number for above: \_\_\_\_\_

| Item   | Yes | No | Location of the Documents   |
|--|-----|----|---|
| Criminal Background check through Castle Branch  |     |    | With student and in eValue  |
| Proof of liability insurance   |     |    | With student and in eValue  |
| Proof of COVID-19 vaccine or current status  |     |    | With student and in eValue  |
| Measles, mumps, rubella (MMR) and varicella (chicken pox) immunizations or titer report                  |     |    | With student and in eValue  |
| Hepatitis B immunization or declination  |     |    | With student and in eValue  |
| 2-step Mantoux Tuberculin Skin Test (TST), QuantiFERON (QFT) or X-ray or written excuse from a physician |     |    | With student and in eValue  |
| Proof of health insurance  |     |    | With student and in eValue  |
| GSU ID   |     |    | With student and in eValue  |
| CPR card   |     |    | With student and in eValue  |
| Bloodborne Pathogens certificate of completion   |     |    | With student and in eValue  |
| HIPAA certificate of completion  |     |    | With student and in eValue  |
| Recognizing and Reporting Child Abuse certificate of completion  |     |    | With student and in eValue  |
| ADA accommodations needed  |     |    | <input type="checkbox"/> attached <input type="checkbox"/> not applicable |

I authorize the Governors State University Department of Communication Disorders to release a copy of the above listed documents, as may be requested by the fieldwork site to which I am assigned.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date