

**UT McDonald Observatory Visitors Center
Summer Teacher Professional Development Workshops**

Emergency Treatment Information

Please complete this form and bring it with you to the workshop.

Name: _____

Address: _____

Home Telephone: _____

Person to contact in case of emergency: _____

His or her telephone number: _____

Your insurance carrier: _____

Insurance ID number: _____

Insurance carrier phone number: _____

Other pertinent information (allergies to medications, etc.): _____
