



Minor Emergency Contact Information

Please list the name, address, and telephone numbers of at least two people that we may contact in case of an emergency.

Name of CNS researcher: _____

CNS Faculty or Staff Sponsor: _____

Contact 1

Name: _____

Relationship: _____

Phone (home): _____

Phone (work): _____

Phone (mobile): _____

Address: _____

Contact 2

Name: _____

Relationship: _____

Phone (home): _____

Phone (work): _____

Phone (mobile): _____

Address: _____

Please send completed form to Jim Reynolds, reynolds@cns.fas.harvard.edu.