



OFFICE OF THE PRESIDENT
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THE CITY OF NEW YORK

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Mark D. Levine, Borough President

MBPO Emergency Contact Form for Interns/Fellows

Name: _____

Are you 18 years of age or older? ____ Yes ____ No

Home Address: _____

Cell Phone: _____ Home Telephone: _____

Personal Email Address: _____

Primary Emergency Contact (If under 18 years old, this must be Parent or Guardian):

Contact Name: _____

Relationship to Contact: _____

Cellular Phone: _____

Home Telephone: _____ Work Telephone: _____

E-mail: _____

Secondary Emergency Contact:

Contact Name: _____

Relationship to Contact: _____

Cellular Phone: _____

Work Telephone: _____ Home Telephone: _____

Email: _____

Additional Information: Allergies (Food, Medication, Insects, Etc.): _____

Medical Conditions: _____

I have voluntarily provided the above contact information and authorize MBPO and its representatives to contact any of the above on my behalf in the event of an emergency.

Intern/Fellow Signature _____ **Date** _____