



OFFICE OF
**MARK
LEVINE**
MANHATTAN BOROUGH PRESIDENT

1 Centre Street, 19th Floor South, New York, NY 10007
(212) 669-8300 p (212) 669-4306 f
431 West 125th Street, New York, NY 10027
(212) 531-1609 p (212) 531-4615 f
www.manhattanbp.nyc.gov
Mark Levine, Manhattan Borough President

MBPO EMERGENCY CONTACT FORM FOR INTERNS AND FELLOWS

Name: _____

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

Home Address: _____

Cell Phone: _____ Home Phone: _____

Email Address: _____

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

Contact Name: _____

Relationship to Contact: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

E-mail: _____

Secondary Emergency Contact:

Contact Name: _____

Relationship to Contact: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

E-mail: _____

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: _____