Anthroposophisches Studium auf dem Campus

Anthroposophy Studies on Campus

Goetheanum Studium

Emergency Contact Form

Student Information

Name and Last name

Date of birth (d/m/y)

Course Start Date

1. Primary Emergency Contact:

Name and Last name

Relationship to the student

Phone number

E-mail

2. Secondary Emergency Contact (if applicable):

Name and Last name

Relationship to the student

Phone number

E-mail

Medical Conditions or Allergies (if any)

Please describe any medical conditions or allergies that you consider important for others to know, such as asthma, medication allergies, food allergies, or any other health-related concerns.

I acknowledge that the information provided is accurate and up to date. I understand the importance of promptly informing the department of any changes to this information.

Place and date (d/m/y)

Signature of the student