THE COOPER UNION OFFICE OF STUDENT SERVICES STUDENT HEALTH

EMERGENCY ACTION PLAN FORM

NAME OF STUDENT (PRINT OR TYPE)	DATE OF BIRTH
The Cooper Union is a small, specialized institution offering professional degrees in A located in New York City. Given the recent history with COVID-19 and other work occifor our students to be prepared for emergency situations, should one occur. An emergor mental health crisis and/or larger incidents that could impact The Cooper Union.	urrences, we believe it is important
Should a student need to immediately be temporarily separated from Cooper Union d or national/global crisis, we want students to make sure that they have an action plan conversations with parents/guardians before it is needed and before arriving at The C	in place. It is important to have these
All students (those planning to live in our student residence hall, in a private apartment are asked to think about, consider, and plan for a potential emergent situation.	nt off-campus, or with a parent/guardian)
Please return this document to the Office of Student Affairs along with your me	dical history forms.
Emergency Contact Name(s):	
Emergency Contact Phone Number(s):	
Emergency Contact Email Address(es):	
Emergency Contact(s) Relationship to you:	
ACTION PLAN We want to know what your plan is. Please describe in detail below (or attach a separ your plan would be if The Cooper Union were to close immediately due to an emerger were to suffer a personal physical or mental health emergency and are unable to safe 1. Where would you go? Be very specific.	ncy/national/global crisis and/or if you
2. How will you get there? (Drive, fly, someone will pick you up, etc.)	
3. What do you need to take with you when departing (the most essential items)?	