

Please help us be prepared for any medical emergencies by completing the following information. In case of an emergency the following pertinent and sometimes vital information will enable emergency attendants to provide prompt and precise medical treatment. All medical information provided in this form will be kept confidential and only be released or used for medical or psychological emergencies. Completing this information is optional but is strongly encouraged.

Student Name: _____ Phone #: _____

Permanent Address: _____ SS#: _____

Street Address

_____ Entering Semester _____
City State Zip Month Year

Are you currently taking any medication now? Yes No D.O.B: _____

If yes, please list all medications and major side effects:

1. _____ 3. _____

Side effects: _____ Side effects: _____

2. _____ 4. _____

Side effects: _____ Side effects: _____

Are you allergic to any medications, foods and/or chemicals? Yes No

If yes, please list all medications, food and/or chemicals:

1. _____ 3. _____

2. _____ 4. _____

Do you have any medical conditions of which we should be aware? (ex. Epilepsy, Diabetes, etc.) Yes No

If yes, please list:

1. _____ 3. _____

2. _____ 4. _____

In case of an emergency, please list the names and phone # (with area code) of contact person:

1. _____
Name Phone # Relationship to Student

2. _____
Name Phone # Relationship to Student

3. _____
Name Phone # Relationship to Student

Medical Insurance Company: _____ Insurance #: _____

Primary Care Physician: _____ Phone #: _____

Please attach or provide below any other info you would like us to have with regard to an emergency: _____
