

PLEASE COMPLETE AND RETURN

Emergency Information Sheet

The information requested below is necessary for Emergency notification, State and Federal statistical reporting. All of this information will be kept confidential.

Name _____ Social Security Number _____
(Please Print)

Date of Birth _____ Sex (check one) _____ Male _____ Female

Race (check one) _____ White, non-Hispanic _____ Black _____ Hispanic
_____ Asian _____ American Indian _____ Other

In case of emergency, college official should contact:

1) Name _____ 2) Name _____
Home Phone () _____ Home Phone () _____
Work Phone () _____ Work Phone () _____
Relationship _____ Relationship _____

Medical Information: (the purpose of this information is to assist emergency medical personnel)

Allergic to (please list all): _____

Currently on the following medication: _____

Under a doctor's care _____ Yes _____ No

If yes, name of doctor: _____

Phone () _____

Special Medication: _____

Special Instructions: _____

Medical Insurance Carrier: _____

Policy Number: _____

Signature _____ Date _____