

College Student Emergency Contact and Information Form

Please print and complete this form. The information provided will be used solely in the event of an emergency.

Student Information

Last Name:	<input type="text"/>	First Name:	<input type="text"/>
Student ID Number:	<input type="text"/>	Date of Birth (MM/DD/YYYY):	<input type="text"/>
Phone Number:	<input type="text"/>	College Email Address:	<input type="text"/>
Current Address:	<input type="text"/>		
Major/Program:	<input type="text"/>	Enrollment Year:	<input type="text"/>

Primary Emergency Contact Information

Full Name:	<input type="text"/>	Relationship to Student:	<input type="text"/>
Primary Phone:	<input type="text"/>	Alternate Phone:	<input type="text"/>
Email Address:	<input type="text"/>		
Home Address:	<input type="text"/>		

Secondary Emergency Contact Information

Full Name:	<input type="text"/>	Relationship to Student:	<input type="text"/>
Primary Phone:	<input type="text"/>	Alternate Phone:	<input type="text"/>
Email Address:	<input type="text"/>		
Home Address:	<input type="text"/>		

Medical & Additional Information (Optional)

This information will only be shared with medical personnel in the event of an emergency.

Known Allergies:	<input type="text"/>		
Current Medical Conditions:	<input type="text"/>		
Current Medications:	<input type="text"/>		
Health Insurance Provider:	<input type="text"/>	Policy/Group Number:	<input type="text"/>

Student Signature:	<input type="text"/>	Date:	<input type="text"/>
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