

Campus Housing Student Emergency Contact Form

Please print clearly. This information will be used by Campus Housing staff in the event of an emergency.

Student Information

Last Name:	<input type="text"/>	First Name:	<input type="text"/>
Student ID Number:	<input type="text"/>	Phone Number:	<input type="text"/>
Residence Hall:	<input type="text"/>	Room/Apartment Number:	<input type="text"/>

Primary Emergency Contact

Full Name:	<input type="text"/>	Relationship to Student:	<input type="text"/>
Primary Phone:	<input type="text"/>	Alternative Phone:	<input type="text"/>
Email Address:	<input type="text"/>		
Street Address:	<input type="text"/>		
City, State, Zip:	<input type="text"/>		

Secondary Emergency Contact

Full Name:	<input type="text"/>	Relationship to Student:	<input type="text"/>
Primary Phone:	<input type="text"/>	Alternative Phone:	<input type="text"/>
Email Address:	<input type="text"/>		
Street Address:	<input type="text"/>		
City, State, Zip:	<input type="text"/>		

Medical & Additional Information (Optional)

Identify any medical conditions, allergies, or regular medications that emergency responders should be aware of:

Known Medical Conditions:	<input type="text"/>
Severe Allergies:	<input type="text"/>
Current Medications:	<input type="text"/>

Student Authorization and Signature

I confirm that the information provided on this form is accurate. In the event of an emergency, Campus Housing staff have my permission to contact the individuals listed above.

Student Signature (Sign after printing):	<input type="text"/>	Date:	<input type="text"/>
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