



# OFFICE OF COMMUNITY LIFE EMERGENCY CONTACT FORM

## STUDENT INFORMATION

NAME: \_\_\_\_\_ BUILDING/ROOM: \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_  
HOME ADDRESS: \_\_\_\_\_

## PERSON TO CONTACT IN CASE OF AN EMERGENCY

NAME: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_  
RELATIONSHIP: \_\_\_\_\_ ALTERNATE PHONE: \_\_\_\_\_  
NAME: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_  
RELATIONSHIP: \_\_\_\_\_ ALTERNATE PHONE: \_\_\_\_\_

## MEDICAL INFORMATION

PLEASE LIST ANY **MEDICAL CONDITION(S)** YOU MAY HAVE:

PLEASE LIST ANY **MEDICATION(S)** YOU CURRENTLY TAKE (INCLUDING BIRTH CONTROL):

PLEASE LIST ANY **ALLERGIES** YOU HAVE (INCLUDING FOOD AND MEDICATIONS):

**HEALTH INSURANCE INFORMATION (OTHER THAN INSURANCE PROVIDED BY REGIS COLLEGE):**

PROVIDER: \_\_\_\_\_ POLICY NUMBER: \_\_\_\_\_

**THIS INFORMATION IS KEPT CONFIDENTIAL AND IS ONLY USED FOR EMERGENCY PURPOSES.**