

**WILLISTON STATE COLLEGE  
EMERGENCY CONTACT INFORMATION**

The information provided below will be used only on the student's behalf in the event of a medical emergency. Williston State College does not consider this information for admission purposes. Please note that this information is required for registration, and does not affect the student's admissions status.

**STUDENT IDENTIFICATION**

Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_ (Birthdate) \_\_\_\_\_

**EMERGENCY NOTIFICATION**

Identify the person to be notified in the event of an emergency.

Name: \_\_\_\_\_

Physician: \_\_\_\_\_

Relationship: \_\_\_\_\_

Clinic: \_\_\_\_\_

City, ST: \_\_\_\_\_

City, ST: \_\_\_\_\_

Phone (Home) \_\_\_\_\_

(Work) \_\_\_\_\_

**ALLERGIES**

Do you have any allergies or sensitivities? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please specify \_\_\_\_\_

**MEDICATIONS AND TREATMENT**

Do you take any medication on a regular basis? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you currently receiving medical treatment or therapy? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please specify \_\_\_\_\_

**PHYSICAL/EMOTIONAL CONDITIONS**

Have you been diagnosed with a significant physical or emotional condition? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please specify \_\_\_\_\_

**DISABILITY**

Do you have a medical disability? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, do you have any physical limitations as a result of this disability? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please specify \_\_\_\_\_

**EMERGENCY RELEASE**

In the event of a medical emergency, I hereby authorize Williston State College personnel to secure medical treatment as thought necessary for my health and safety and/or for the safety of others.

\_\_\_\_\_  
Student's Signature (If 18 or older) Date

\_\_\_\_\_  
Parent/Guardian's Signature (If student is under 18) Date

