# COLLEGE STUDENT EMERGENCY CONTACT TEMPLATE

| STUDENT INFORMATION | | |
|---|---|---|
| NAME: | STUDENT ID: | PHONE NUMBER: |
| CAMPUS HOUSING ADDRESS: | | |
| PERMANENT ADDRESS: | | |
| EMAIL ADDRESS: | BLOOD TYPE: | PREFERRED LANGUAGE: |

| EMERGENCY CONTACT | | | | |
|---|---|---|---|---|
| NAME | RELATIONSHIP | ADDRESS | HOME/WORK/CELL NUMBERS | EMAIL |
| IN TOWN | | | | |
| IN TOWN | | | | |
| OUT OF TOWN | | | | |
| OUT OF TOWN | | | | |

| LIST OF CURRENT MEDICATIONS | | |
|---|---|---|
| NAME OF MEDICATION | DOSAGE | NUMBER OF TIME TAKEN/DAY |
| | | |
| | | |
| | | |

| LIST ANY MEDICAL CONDITIONS (EXAMPLE: DIABETES, AIDS, HIGH BLOOD PRESSURE) | | | |
|---|---|---|---|
| | | | |
| | | | |

List ANY know Allergies: _____

| VEHICLE INFORMATION | | | |
|---|---|---|---|
| MAKE | MODEL | COLOR | TAG |
| MAKE | MODEL | COLOR | TAG |

| BICYCLE/OTHER TRANSPORATION INFORMATION | | | |
|---|---|---|---|
| Make | Model | Color | Serial Number |
| Make | Model | Color | Serial Number |