



<b><u>Office Use Only:</u></b>
Dorm/Room #: _____

**RESIDENCE HALL EMERGENCY CONTACT INFORMATION**

Student Name (please print): \_\_\_\_\_  
Last First Middle

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      Cell Phone: \_\_\_\_\_  
Month Day Year

Home Address: \_\_\_\_\_  
 \_\_\_\_\_

**Parent Information**

Father's Name: _____	Mother's Name: _____
Home Phone: _____	Home Phone: _____
Work Phone: _____	Work Phone: _____
Cell Phone: _____	Cell Phone: _____

**Emergency Contacts (two non-parental contacts):**

Name: _____	Name: _____
Phone: _____	Phone: _____

**Health Insurance Information:**

Insurance Provider: \_\_\_\_\_  
 Policy Holder: \_\_\_\_\_      Policy Number: \_\_\_\_\_

**Prescription/Allergy Information:**  
*(Use other side of form if necessary)*

Prescription Medications Currently Taking: \_\_\_\_\_  
 Allergies: \_\_\_\_\_  
 Other Medical Notes/Disclosures: \_\_\_\_\_  
(use reverse side if necessary)

<p><i>In compliance with the Higher Education Act, institutions must give students the option to provide confidential contact information for a person to be notified in the event the student is officially reported as missing. If you so choose, please provide a name and phone number for a person we should contact.</i></p>	
<p>Name of Contact: _____</p>	
<p>Phone: _____</p>	<p>Alt. Phone: _____</p>