

Faculty & Student Emergency Information

Please Print

Semester (please circle) FALL SPRING SUMMER

Date: _____

Child's Name: _____

DOB: _____

Parent Name (s): _____ Daytime Number
: _____

Parent Name (s): _____ Daytime Number
: _____

Preferred E-Mail address (s):

Emergency Phone: Please indicate whose number (Grandma, Friend, etc) it is and indicate if number is Cell/Work/Home. If parents are to be called first, please indicate.

(Call 1st) _____

(Call 2nd) _____

(Call 3rd) _____

Allergies _____

Medical Conditions _____

Hospital Preference _____

Doctor Name & Phone _____

Students & Teachers

Course Name	Course #	Time	M	T	W	T	F	Building	Room

When not in class, where can you be reached? _____