## ACADEMIC OFF-CAMPUS EVENT EMERGENCY INFORMATION FORM

Participant's Name			Date of Birth
Last	First	MI	<del></del>
Emergency Contact Inform	ation (required)		
	able to make legal decisions for	you in a wo	rst-case scenario.
	Emergency Contact 1		Emergency Contact 2
Last, First Name	Emergency contact 1		Emergency contact 2
Relationship			
Street Address			
City, State, Zip, Country			
Phone: Home			
Phone: Work			
Phone: Cell			
Medical Information (option	nal)		
Hospital/Clinic Preference			
Medical Insurance Company			
Policy/Group Number			
Phone Number			
• •	etions to bee/insect stings, med e associated reaction(s) below		ood/drink, etc.?
Do you have any medical infoconditions or essential medical fractions of the second se		to your en	nergency care (such as: pre-existing
critical injury or emergency s	ituation. In the instance that yo	ou are unab	It will be referred to ONLY in case of a ble to provide medical information to an with your consent by signing below.
Signature		Date	