



College Emergency Contact & Information

Date created: _____

Post the following information on a bulletin board, by the phone, or in another hand place in your dorm room/apartment. Make sure your roommates know the location of this form in case of an emergency.

Police and Fire Department: 911 **Campus Security Phone Number:** _____

Your Personal ID Details

Your Name: _____
Date of Birth: _____
Social Security #: _____

Your Contact Details

Current address: _____

Current phone: _____
Cell phone: _____
Home address: _____

Home phone: _____
E-mail: _____

Father

Name: _____
Address: _____

Phone (H): _____
Phone: (W): _____
E-mail: _____

Mother

Name: _____
Address: _____

Phone (H): _____
Phone: (W): _____
E-mail: _____

Emergency Contact

Name: _____
Address: _____

Phone (H): _____
Phone: (W): _____
E-mail: _____

Family Doctor

Name: _____
Address: _____

Phone: _____
E-mail: _____

Dentist

Name: _____
Address: _____

Phone: _____
E-mail: _____

Optometrist

Name: _____
Address: _____

Phone: _____
E-mail: _____



**Health Insurance Company/
Agent Contact Details**

Company Name: _____
Contact Name: _____
Address: _____

Phone: _____
E-mail: _____
Policy #: _____
Policyholder's Name: _____

Special Medical Conditions: _____

Allergies: _____

Notes: _____

Other

Name: _____
Address: _____

Phone: _____
E-mail: _____

Other

Name: _____
Address: _____

Phone: _____
E-mail: _____

Other

Name: _____
Address: _____

Phone: _____
E-mail: _____



Medical History (Illnesses, Surgeries, etc.)

Date: _____

Type of Illness/Surgery/Other: _____

Notes: _____

Date: _____

Type of Illness/Surgery/Other: _____

Notes: _____

Date: _____

Type of Illness/Surgery/Other: _____

Notes: _____

Date: _____

Type of Illness/Surgery/Other: _____

Notes: _____

Date: _____

Type of Illness/Surgery/Other: _____

Notes: _____

Date: _____

Type of Illness/Surgery/Other: _____

Notes: _____

Date: _____

Type of Illness/Surgery/Other: _____

Notes: _____

Date: _____

Type of Illness/Surgery/Other: _____

Notes: _____

Date: _____

Type of Illness/Surgery/Other: _____

Notes: _____

Date: _____

Type of Illness/Surgery/Other: _____

Notes: _____



Vaccinations (type and date)

NOTE: Talk to your school's health services about health requirements. Not all listed vaccinations are required or necessary to have more than once. If you plan to travel abroad, you may need additional vaccinations.

Vaccination Type: **Chickenpox (Varicella)**

Date: _____

Notes/Reactions/Results: _____

Vaccination Type: **DTP (Diphtheria, Tetanus, Pertussis)**

Date: _____

Notes/Reactions/Results: _____

Vaccination Type: **Hepatitis A**

Date: _____

Notes/Reactions/Results: _____

Vaccination Type: **Hepatitis B**

Date: _____

Notes/Reactions/Results: _____

Vaccination Type: **Influenza**

Date: _____

Notes/Reactions/Results: _____

Vaccination Type: **Meningococcus**

Date: _____

Notes/Reactions/Results: _____

Vaccination Type: **Polio**

Date: _____

Notes/Reactions/Results: _____

Vaccination Type: **Rabies**

Date: _____

Notes/Reactions/Results: _____

Vaccination Type: **Tetanus**

Date: _____

Notes/Reactions/Results: _____

Vaccination Type: **Tuberculosis (Mantoux test)**

Date: _____

Notes/Reactions/Results: _____

Vaccination Type: **MMR (Measles, Mumps, Rubella)**

Date: _____

Notes/Reactions/Results: _____

Vaccination Type: **Other**

Date: _____

Notes/Reactions/Results: _____
