

EMERGENCY INFORMATION CARD

(CONFIDENTIAL)

We need this information to assist you should an emergency occur. The card will be kept in the office of the resident director. Failure to provide this information to us may result in our inability to provide proper assistance to you in an emergency.

Blood Type:

Name:

I.D.:

Hall/Room:

Date of Birth:

Home Address: Bldg.

St.

City

Country

Home Phone

Person (s) to notify in case of emergency

	Name	Day Phone	Evening Phone
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>

Special medical concerns: _____

Signature:

Date: