

Student Emergency Contact Form

PLEASE PRINT

Academic year: 2009-2010

Last Name _____ First _____ Middle _____

Home Address: _____

City _____ State _____ Zip Code _____ Date of Birth _____

Cell Phone: Area Code (____) _____

Home Telephone: (____) _____

Insurance Information: _____MSM _____Other: _____

Insurance member ID: _____

Please list the people you would like to be notified in case of emergency, including a local contact.
IN CASE OF EMERGENCY CONTACT:

1) _____
Name _____ Relationship _____

Street Address _____ City _____ State _____ Zip Code _____

(____) _____ (____) _____
Telephone _____ Daytime Phone # _____

2) _____
Name _____ Relationship _____

Street Address _____ City _____ State _____ Zip Code _____

(____) _____ (____) _____
Telephone _____ Daytime Phone # _____

Are you allergic to anything? _____No
_____Yes: _____

Please list all allergies.

Are you taking any medication we should be aware of?
_____No:
_____Yes: Please list all medications we should be aware of: _____

Do you have any medical/mobility/mental health concerns of which we should be aware?
_____No
_____Yes: _____

Please list medical/mobility/mental health concerns that we should be aware of:

The information requested on this card is confidential and for emergency use only. In the event of a medical emergency, this information will be used by Manhattan School of Music and emergency personnel. Please be honest when completing all pertinent information.

In the case of emergency, I give permission for my information to be released to emergency personnel. I also agree that any of my emergency contacts listed on this card may be notified in an emergency, as needed.

Signature

Date