Manhattan School of Music
STUDENT EMERGENCY CONTACT FORM

PLEASE PRINT **Academic year: _____**

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**