



SAINT MARY-OF-THE-WOODS COLLEGE

2019-2020 CONFIDENTIAL STUDENT EMERGENCY RECORD

First Name: _____ Middle Name: _____ Last Name: _____

Date of Birth: _____ Home Phone: _____ Cell Phone: _____

Home Address _____

City/State/Zip _____

Emergency Information:

First Contact: _____	Second Contact: _____
Telephone 1: _____	Telephone 1: _____
Telephone 2: _____	Telephone 2: _____
Telephone 3: _____	Telephone 3: _____

Medical Information:

Doctor: _____	Telephone: _____
City & State: _____	_____
Allergies: _____	_____
Medications: _____	_____
Medical Conditions: _____	_____

The information provided on this form is accurate to the best of my knowledge, and I have indicated any special health conditions that should be known to Campus Life Staff and medical personnel. If I am unable to give consent in the event of an emergency, I hereby give permission to medical personnel to administer emergency medical treatment.

Signature: _____ Print Name: _____ Date _____