

Sample Resident Emergency Information Card

RESIDENT EMERGENCY INFORMATION CARD

Name: _____
(first and last)

Nickname: _____ Birthday: _____ Age: _____

Major: _____ Yr. in School: _____

Expected Graduation: _____ E-mail: _____

First Parent/Guardian

Name: _____
(first and last)

Cell Phone: _____

Address: _____
(Street or P.O. Box Number)

City: _____ State: _____ Zip: _____

Email: _____

Second Parent/Guardian

Name: _____
(first and last)

Cell Phone: _____

Address: _____
(Street or P.O. Box Number)

City: _____ State: _____ Zip: _____

Email: _____

Special Health Needs

Allergies:

Medications Taken on a Regular Basis:

In Case of an Emergency, Please Notify

Name: _____
(first and last)

Cell Phone: _____

Address: _____
(Street or P.O. Box Number)

City: _____ State: _____ Zip: _____

Local Physician: _____ Local Dentist: _____

Phone: _____ Phone: _____

Health Insurance Provider: _____ Policy Number: _____

Religious Information Pertinent in a Medical Situation:

Car: _____
(Model Color License # University Permit # House Permit #)

House Key

Date Issued: _____ Room Deposit: _____ Key Returned: _____

Key #: _____ Key Deposit: _____ Refund Date: _____

Additional Information:
