

Freshman Orientation Emergency Information Contact Sheet

Personal Information:

Name (Last, First, MI) : _____

Date of Birth: _____

Blood Type: _____

Social Security Number (SSN): _____

Permanent Address: _____

Emergency Point of Contact (POC) Information:

Primary

Name: _____

Address: _____

Phone #: __ () _____

Relationship: _____

Secondary

Name: _____

Address: _____

Phone #: __ () _____

Relationship: _____

Insurance Information:

Company Name: _____

Policy Number: _____

Phone Number: _____

Medical Information:

List all known allergies (bee stings, medication, peanut oil, milk, ...etc.)

Do you have any current medical conditions not mentioned on your DODMERB physical? Y/N

If yes, explain below.
