

**EMERGENCY INFORMATION FORM  
STUDENT ORGANIZATION SPONSORED ACTIVITIES**

**Please provide us with the following information in the event of an emergency.**

Program Activity: \_\_\_\_\_

Name: \_\_\_\_\_

Age: \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Two people to contact in case of emergency:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone (work): \_\_\_\_\_

Phone: (home): \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone (work): \_\_\_\_\_

Phone:(home): \_\_\_\_\_

Please record any medications you are taking: \_\_\_\_\_

\_\_\_\_\_

Please specify any allergies, dietary restrictions, or other medical conditions that you have (i.e., bee stings, diabetes)

\_\_\_\_\_

Are there any other factors that might restrict your participation in this activity?

\_\_\_\_\_

Your medical insurer: \_\_\_\_\_

Address: \_\_\_\_\_

Group Number: Certificate Number: \_\_\_\_\_

Please file this form with the Office of Student Activities, 122 Schwarm Hall