



OFFICE OF STUDENT INVOLVEMENT
STUDENT ORGANIZATIONS HANDBOOK

EMERGENCY INFORMATION FORM (CONTACTS, MEDICAL & INSURANCE)

Although every effort is made to ensure the safety and well-being of students involved in student organizations, sometimes emergencies do occur. By completing this form, you ensure that if you are ever involved in an emergency your important information will be accurately conveyed to health professionals caring for you.

Please accurately and truthfully complete the Emergency Contact, Medical, & Insurance Information Form. It will be kept on file with the campus advisor and only be used in an emergency situation.

THIS INFORMATION WILL REMAIN CONFIDENTIAL. This document will be destroyed after its intended use has concluded.

Name:	Birth date:	(mm. dd. yy)
Drury ID:	Mobile Phone:	
Home Phone:	Home Address:	

In an emergency, please contact:

Name:	Phone:
Name:	Phone:
Name:	Phone:

Insurance Information:

Company:	Policy #
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I take the following medicine:

I am allergic to:

If I have to go to the emergency room, I would need the paramedics to know:

(childhood illnesses, past surgeries, etc.)

Other information we should know:
