

Emergency Contact Information

Name		Date of Birth
Current Address	Apt	Home #
		Cell #
City	State	Zip Code
Mother's Name		
Address	Apt:	Home #
		Cell #
City	State	Zip Code
Father's Name		
Address	Apt	Home #
		Cell #
City	State	Zip Code
Other	Emergency Contact	
Address	Phone #	
City	State	Zip Code
List any allergies to medicines:		
List any medications you are taking:		
Do you have any health problems? If so, what?		
Health Insurance		Auto Insurance
Name of Insurance Provider: _____		Name of Insurance Provider: _____
Subscriber Name: _____		Subscriber Name: _____
Subscriber Employer: _____		Subscriber Employer: _____
Policy #: _____ Phone #: _____		Policy #: _____ Phone #: _____

This information was voluntarily submitted to the Chapter officers of my fraternity/sorority and that this information will remain confidential. In case of emergency, I give my permission for the officers of Chapter of to disclose this information to emergency personnel.

Signature: _____ Date: _____

Fraternal Organization: _____

This information should be retained by the Risk Manager at all times.