



ABILENE CHRISTIAN UNIVERSITY

# EMERGENCY NOTIFICATION FORM

**IN THE EVENT OF AN EMERGENCY, PLEASE CONTACT:**

*Primary contact in the event of an emergency:*

NAME\*

RELATIONSHIP TO STUDENT\*

STREET ADDRESS\*

CITY, STATE, ZIP\*

HOME PHONE\*

WORK PHONE\*

CELL PHONE\*

EMAIL ADDRESS\*

\*REQUIRED FIELD

*Secondary contact in the event of an emergency:*

NAME

RELATIONSHIP TO STUDENT

STREET ADDRESS (DIFFERENT FROM PRIMARY CONTACT)

CITY, STATE, ZIP

HOME PHONE

WORK PHONE

CELL PHONE

EMAIL ADDRESS

## HEALTH INFORMATION

Medications currently being used: Please check and list dosage.

- None
- Over the Counter \_\_\_\_\_
- Prescriptions (including oral contraceptives) \_\_\_\_\_
- Vitamins/Herbal \_\_\_\_\_
- Sleep Aids \_\_\_\_\_
- Other \_\_\_\_\_

Dietary Restrictions (religious or otherwise): \_\_\_\_\_

Known Allergens (include physical reactions): \_\_\_\_\_

Please list any other medical problems or health conditions a physician should be aware of before treating you, including chronic conditions. If none known, please write "None." \_\_\_\_\_

STUDENT SIGNATURE

PRINT NAME

BANNER I.D.

DATE

SOCIAL SECURITY NUMBER

OFFICE USE ONLY: Date received \_\_\_\_\_