



## Emergency Information

### ***Student Information***

Name: \_\_\_\_\_ ACU phone #: 325-674-\_\_\_\_\_  
Cell phone #: \_\_\_\_\_ ACU Box #: \_\_\_\_\_  
Birthday: \_\_\_\_\_ Age: \_\_\_\_ Social Security #: \_\_\_\_\_

### ***Other Information***

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Current Prescription Medications: \_\_\_\_\_  
Medications Allergic To: \_\_\_\_\_  
\_\_\_\_\_  
Chronic Health Problems: \_\_\_\_\_  
\_\_\_\_\_

### ***Parent or Guardian Information***

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
State/Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

### ***Nearest Relative (not living in home)***

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
State/Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

***Does the Student Have Health Insurance?    Yes    No    (circle one)***

### ***Insurance Company Information***

Insurance Co: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
Group #: \_\_\_\_\_ Policy #: \_\_\_\_\_

### ***Insured Parent's Information***

Name: \_\_\_\_\_  
Social Security #: \_\_\_\_\_ Birthday: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Work Address: \_\_\_\_\_ City: \_\_\_\_\_  
State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

### ***Prescription Card***

Prescription Company: \_\_\_\_\_  
Member or Cardholder number: \_\_\_\_\_  
Group number: \_\_\_\_\_  
Pharmacist assistance number: \_\_\_\_\_