

# SOUTH MOUNTAIN COMMUNITY COLLEGE

## STUDENT EMERGENCY INFORMATION FORM

\* Indicates Mandatory Information

ActivityName: \_\_\_\_\_ Activity Date: \_\_\_\_\_

\*Student's Name: \_\_\_\_\_

\*Student's Home Phone Number: \_\_\_\_\_ Student's Cell Phone Number: \_\_\_\_\_

Student Email Address: \_\_\_\_\_

\*Name of an Emergency Contact: \_\_\_\_\_

\*Emergency Contact Phone Number: (H) \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Emergency Contact Address: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone Number \_\_\_\_\_

Name of Preferred Hospital: \_\_\_\_\_

Name of Medical Insurer: \_\_\_\_\_ Policy #: \_\_\_\_\_

**\*\* This Form is to be in possession of MCCCDC employee trip supervisor on all college trips\*\***

Health Information Disclosures:	Yes	No	Are there any medical conditions you'd like for us to be aware of or that the trip supervisor should know?
History of Diabetes?	<input type="checkbox"/>	<input type="checkbox"/>	
Allergies to Sulfa, Penicillin, etc.?	<input type="checkbox"/>	<input type="checkbox"/>	
Permission to Administer Anesthetic?	<input type="checkbox"/>	<input type="checkbox"/>	

\*Do you need any special accommodations (ex. wheelchair, accessible transportation, sign language interpreter, vegetarian meals; etc.)?

\_\_\_\_\_

I or my legal guardian; authorize MCCCDC/South Mountain Community College to obtain emergency transportation and/or medical treatment necessary in the event of injury or illness while I am at the educational site or activity and I accept responsibility for any emergency transportation and/or medical treatment, medical expenses, and subsequent medical bills that may be incurred.

\*Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*Parent Signature (if a minor): \_\_\_\_\_ Date: \_\_\_\_\_

The original copy of this completed form must be in the possession of the instructor/staff trip supervisor. A copy of this completed form is to be in the possession of the Student Life & Leadership Office prior to the trip.