SOUTH MOUNTAIN COMMUNITY COLLEGE
STUDENT EMERGENCY INFORMATION FORM

* Indicates Mandatory Information

Activity Name: __________________________________________ 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 MCCCD employee trip supervisor on all college trips**

<table>
<thead>
<tr>
<th>Health Information Disclosures:</th>
<th>Yes</th>
<th>No</th>
<th>Are there any medical conditions you’d like for us to be aware of or that the trip supervisor should know?</th>
</tr>
</thead>
<tbody>
<tr>
<td>History of Diabetes?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Allergies to Sulfa, Penicillin, etc.?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Permission to Administer Anesthetic?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

I, or my legal guardian; authorize MCCCD/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 must be in the possession of the Student Life & Leadership Office prior to the trip.

7050 S. 24th Street | Phoenix, AZ 85042
602.243.8000 | Southmountaincc.edu
The Maricopa Community Colleges are EEO/AA Institutions.