



Menlo College Emergency Information Card

This information will be used in the event of an emergency and may be provided to emergency response personnel.

Please Print:

Name: _____ Sex: _____ Age: _____ Date of Birth: _____

Cell Phone #: _____ Email: _____

Permanent Address: _____ City & State: _____ Zip Code & Country: _____

If you intend to live on campus, check here: _____ Off-Campus Local Address: _____

Person to contact in case of emergency:

Name: _____ Relationship to you: _____

Phone #: _____ Alternate Work/Cell Phone #: _____

List any medications you are currently taking: _____

Over →



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List any medications you are currently taking: _____

List any pre-existing, chronic or ongoing health conditions (i.e. asthma, epilepsy, diabetes, heart disease, etc.):

Do you have any severe allergies? _____

Do you have any issues or special needs of which you want us to be aware? _____

List allergies to any medications: _____

Personal Physician: _____ Phone #: _____

Name of Insurance Company in event of emergency: _____

Policy/ID Number: _____ Group Number: _____ Phone #: _____