

**CONFIDENTIAL**

Your Age: \_\_\_\_\_ **Your Name:** Please print: \_\_\_\_\_ / \_\_\_\_\_  
First name Last Name

Birth Date: \_\_\_\_\_ ID#: \_\_\_\_\_

Your cell phone: (\_\_\_\_) \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Doctor's Number: \_\_\_\_\_

Health Insurance company name: \_\_\_\_\_ Policy number: \_\_\_\_\_

**Parent Name:** \_\_\_\_\_

Address: \_\_\_\_\_

Parent phone numbers: (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
(Cell) (Work) (Home)

**Siblings or family in Spokane area:** \_\_\_\_\_  
(please print)

\_\_\_\_\_ (cell phone number) \_\_\_\_\_ (local home phone)

If parents are unavailable in case of emergency notify: \_\_\_\_\_

\_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Address Relationship Telephone

Please list any health limitations requiring special consideration: \_\_\_\_\_

Please list on going prescription medication: \_\_\_\_\_

List medication allergies: \_\_\_\_\_

# RESIDENCE HALL - EMERGENCY CARD