

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