WhatHappensNow.com
GUIDING YOU THROUGH

College Emergency Contact & Information

Date created: _____

Post the following information on a bulletin board, by the phone, or in another hand place in your dorm room/apartment. Make sure your roommates know the location of this form in case of an emergency.

Police and Fire Department: 911 **Campus Security Phone Number:_____**

Your Personal ID Details

Your Name: _____
Date of Birth: _____
Social Security #:_____

Your Contact Details

Current address:_____

_____
Current phone: _____
Cell phone: _____
Home address: _____

_____
Home phone: _____
E-mail: _____

Father

Name:_____
Address:_____

_____
Phone (H): _____
Phone: (W): _____
E-mail: _____

Mother

Name:_____
Address:_____

_____
Phone (H): _____
Phone: (W): _____
E-mail: _____

Emergency Contact

Name:_____
Address:_____

_____
Phone (H): _____
Phone: (W): _____
E-mail: _____

Family Doctor

Name:_____
Address:_____

_____
Phone:_____
E-mail:_____

Dentist

Name: _____
Address: _____

_____
Phone: _____
E-mail: _____

Optometrist

Name: _____
Address: _____

_____
Phone: _____
E-mail: _____

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Health Insurance Company/ Agent Contact Details

Company Name:_____
Contact Name: _____
Address:_____
_____
Phone:_____
E-mail:_____
Policy #:_____
Policyholder's Name:_____

Special Medical Conditions: _____

_____
_____
_____
_____
_____
_____

Allergies: _____

_____
_____
_____
_____
_____
_____

Other

Name: _____
Address: _____
_____
Phone: _____
E-mail: _____

Other

Name: _____
Address: _____
_____
Phone: _____
E-mail: _____

Other

Name: _____
Address: _____
_____
Phone: _____
E-mail: _____

Notes: _____
_____
_____
_____
_____

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Medical History (Illnesses, Surgeries, etc.)

Date: _____
Type of Illness/Surgery/Other: _____
_____
Notes: _____
_____

Date: _____
Type of Illness/Surgery/Other: _____
_____
Notes: _____
_____

Date: _____
Type of Illness/Surgery/Other: _____
_____
Notes: _____
_____

Date: _____
Type of Illness/Surgery/Other: _____
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Notes: _____
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Date: _____
Type of Illness/Surgery/Other: _____
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Notes: _____
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Date: _____
Type of Illness/Surgery/Other: _____
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Notes: _____
_____

Date: _____
Type of Illness/Surgery/Other: _____
_____
Notes: _____
_____

Date: _____
Type of Illness/Surgery/Other: _____
_____
Notes: _____
_____

Vaccinations (type and date)

NOTE: Talk to your school's health services about health requirements. Not all listed vaccinations are required or necessary to have more than once. If you plan to travel abroad, you may need additional vaccinations.

Vaccination Type: **Chickenpox (Varicella)**
Date: _____
Notes/Reactions/Results: _____
_____

Vaccination Type: **DTP (Diphtheria, Tetanus, Pertussis)**
Date: _____
Notes/Reactions/Results: _____
_____

Vaccination Type: **Hepatitis A**
Date: _____
Notes/Reactions/Results: _____
_____

Vaccination Type: **Hepatitis B**
Date: _____
Notes/Reactions/Results: _____
_____

Vaccination Type: **Influenza**
Date: _____
Notes/Reactions/Results: _____
_____

Vaccination Type: **Meningococcus**
Date: _____
Notes/Reactions/Results: _____
_____

Vaccination Type: **Polio**
Date: _____
Notes/Reactions/Results: _____
_____

Vaccination Type: **Rabies**
Date: _____
Notes/Reactions/Results: _____
_____

Vaccination Type: **Tetanus**
Date: _____
Notes/Reactions/Results: _____
_____

Vaccination Type: **Tuberculosis (Mantoux test)**
Date: _____
Notes/Reactions/Results: _____
_____

Vaccination Type: **MMR (Measles, Mumps, Rubella)**
Date: _____
Notes/Reactions/Results: _____
_____

Vaccination Type: **Other**
Date: _____
Notes/Reactions/Results: _____
_____