

IN CASE OF EMERGENCY

R#	DOB	Anticipated year of Graduation
Last Name	First Name	Classification

Current Address	City	State	Zip
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Cell phone #

Emergency Contact	home phone #
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Relationship	cell #
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List any medical conditions

Allergies

Medication(s) currently taking

Any ADA needs

Buddy Contact Information	cell #
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Additional information that would be helpful in an emergent situation