

KETTERING UNIVERSITY EMERGENCY INFORMATION

NAME _____
Last First M.I.

ROOM # _____ DATE _____

ALLERGIES/MEDICATIONS/OTHER IMPORTANT MEDICAL INFO:

IN CASE OF EMERGENCY NOTIFY:

NAME: _____

RELATIONSHIP: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ BUSINESS PHONE: _____

NAME: _____

RELATIONSHIP: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ BUSINESS PHONE: _____

SIGNATURE: _____

(If under 18 years of age, parent signature required.)

All information shall remain confidential.

This signed form is required at SWE Expo Check-in.

Insurance Information

Name of Insurance Company:	
Policy Holder's Name:	
Policy Holder's Social Security Number:	Group Number: