



# Mesa Community College Student Emergency Information Form

*\* indicates mandatory information*

Name of Activity \_\_\_\_\_ Date \_\_\_\_\_

**Student's Name\*** \_\_\_\_\_

**Student ID Number or Social Security Number\*** \_\_\_\_\_

**Student Home Phone\*** \_\_\_\_\_ **Student Cell Phone** \_\_\_\_\_

Student Email Address \_\_\_\_\_

**Name of Emergency Contact** \_\_\_\_\_

**Emergency Contact Phone Number** \_\_\_\_\_ **Business Phone** \_\_\_\_\_

Emergency Contact Address \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Preferred Hospital \_\_\_\_\_

Medical Insurance \_\_\_\_\_ Policy # \_\_\_\_\_

Date of Last Physical \_\_\_\_\_

	Yes	No	Are there any medical conditions that you would like us to be aware of?
History of Diabetes or Epilepsy?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Allergies to Sulfa, Penicillin, etc.?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Permission to Administer Anesthetic?	<input type="checkbox"/>	<input type="checkbox"/>	_____

Do you need any special accommodations (wheelchair accessible transportation, sign language interpreter, vegetarian meals, etc)?

\_\_\_\_\_  
\_\_\_\_\_

I further authorize MCCC/Phoenix College to obtain emergency transportation and medical treatment necessary in the event of injury or illness while I am at the educational site and that I accept responsibility for any emergency transportation and medical treatment expenses and any subsequent medical bills that I may incur.

\_\_\_\_\_  
**Signature\*** **Date\***

\_\_\_\_\_  
Parent Signature (If student is under 18) Parent Name (please print) Date



*The original copy of this completed form must be in the possession of the instructor/staff member on the trip  
A copy of this completed form is to be in the possession of the Student Life & Leadership Office prior to the trip.*