



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/D/Mesa Community 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.*