



u.s. international health alliance
Emergency Contact Information

Student's Name: _____

Person to contact in case of EMERGENCY:

Name: _____

Phone #: _____ Cell/Alternate Phone #: _____

Address: _____

Relationship: _____

In addition, would you please supply us with some basic medical information?

Do you have a family doctor?

Name: _____

City: _____

Phone#: _____

Are you currently on any medications? If so, please list below.

Do you have any medical conditions/allergies that it would be important to know about in case of an emergency? If so, please list below.

What is the name and number of your medical insurance company? Please attach a copy of BOTH SIDES of your insurance card as well.

Where can you be reached?

Address _____

Phone #: _____