

**University of Redlands - Community Service Activity Course
EMERGENCY MEDICAL INFORMATION REQUEST**

Please print legibly

Student Name _____ Emergency Contact Name _____

Emergency Contact Relationship _____ Emergency Contact Phone # _____

Health Insurance Company _____ Policy # _____

(For student coverage, the University uses Summit America Insurance Services)

Should you be unable to communicate, your agency/supervisor needs to be able to inform emergency personnel of the answers to the following questions. Please respond to each of these questions carefully (no answer is not adequate information).

Do you wear contact lens? Yes No

Are you allergic to any medications? Yes No If yes, please specify _____

Do you take any sort of prescription, non-prescription, or supplemental remedies that should be brought to the attention of anyone dispensing emergency medical treatment? Yes No If yes, please specify _____

Do you have any physical limitations or medical conditions that should be brought to the attention of anyone dispensing emergency medical treatment? Yes No If yes, please list here _____

I give my permission for the Office of CSL to send this information to the agency I am serving: _____

Student's Signature

Filename: CSAC Emergency Medical Information.doc

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