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 the Markel Insurance Company.)
	(For student coverage, the University uses the Markel Insurance Company.)
	tte, your agency/supervisor needs to be able to inform emergency personnel of the answers spond 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, is dispensing emergency medical treatm	non-prescription, or supplemental remedies that should be brought to the attention of anyone ent? Yes No If yes, please specify
Do you have any physical limitations medical treatment? Yes No	or medical conditions that should be brought to the attention of anyone dispensing emergency If yes, please list here
filename: CSL Emergency Medical Informatio	n 10.15.01 TM:aod
•	of Redlands Community Service Activity Course
EMERG	of Redlands Community Service Activity Course ENCY MEDICAL INFORMATION REQUEST
EMERG Please print legibly	· · · · · · · · · · · · · · · · · · ·
EMERG Please print legibly Student Name	ENCY MEDICAL INFORMATION REQUEST
EMERG Please print legibly Student Name Emergency Contact Relationship	ENCY MEDICAL INFORMATION REQUEST Emergency Contact Name Emergency Contact Phone # Policy #
EMERG Please print legibly Student Name Emergency Contact Relationship	EMCY MEDICAL INFORMATION REQUEST Emergency Contact Name Emergency Contact Phone #
EMERG Please print legibly Student Name Emergency Contact Relationship Health Insurance Company Should you be unable to communications and the statement of t	ENCY MEDICAL INFORMATION REQUEST Emergency Contact Name Emergency Contact Phone # Policy #
EMERG Please print legibly Student Name Emergency Contact Relationship Health Insurance Company Should you be unable to communications.	ENCY MEDICAL INFORMATION REQUEST Emergency Contact Name
EMERG Please print legibly Student Name Emergency Contact Relationship Health Insurance Company Should you be unable to communicate to the following questions. Please re-	ENCY MEDICAL INFORMATION REQUEST Emergency Contact Name
EMERG Please print legibly Student Name Emergency Contact Relationship Health Insurance Company Should you be unable to communicate to the following questions. Please relationship yes Do you wear contact lens? Yes Are you allergic to any medications?	Emergency Contact Name