

MARICOPA COUNTY COMMUNITY COLLEGE DISTRICT
STUDENT EMERGENCY INFORMATION CARD

Name of Activity _____ Date _____ College _____

Student's Name _____ Age _____

Address _____ Last _____ First _____ Middle Initial _____ Phone _____

Family Physician _____
Address _____ Phone _____

Preferred Hospital _____

Hospitalization Insurance _____

Date of Last Physical Examination _____

History of Diabetes or Epilepsy _____

Allergies (Sulpha, Penicillin, etc.) _____

(Parent's) Permission to Administer Anesthetic? Yes _____ No _____

In case of medical emergency this information may be shared with medical personnel.

signature of student (or signature of parent or guardian if under 18)

(This card is to be in possession of supervisor on all College trips)