

# Hood Theological Seminary

## Student Emergency Contact Information Form

All commuter and residential students are required to complete and return Emergency Contact Information form. This information will be used by Hood Theological Seminary officials only in the event of a personal and/or academic emergency. **Please complete and return to the office of Admissions.**

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Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

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Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

( ) \_\_\_\_\_ ( ) \_\_\_\_\_

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Cell Phone Number \_\_\_\_\_ Home Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

### Emergency Contact Information Primary Contact

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Name \_\_\_\_\_ Relationship \_\_\_\_\_

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Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

( ) \_\_\_\_\_ ( ) \_\_\_\_\_

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Cell Phone Number \_\_\_\_\_ Home Phone Number \_\_\_\_\_

### Secondary Contact

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Name \_\_\_\_\_ Relationship \_\_\_\_\_

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Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

( ) \_\_\_\_\_ ( ) \_\_\_\_\_

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Cell Phone Number \_\_\_\_\_ Home Phone Number \_\_\_\_\_

Are you allergic to anything?  NO  YES please list allergies \_\_\_\_\_

Would you like to inform us of any medications you are taking?  NO  YES please list \_\_\_\_\_

Do you have any medical, mobility or health concerns of which we should be aware?  NO  Yes

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This information requested on this form is confidential and for emergency use only. In the event of a medical emergency, this information will be used by Hood Theological Seminary and emergency personnel. Please be honest when completing all pertinent information.

In case of emergency, I give permission for my information to be released to emergency personnel. I also agree that any of my emergency contacts listed on this form may be notified in an emergency, as needed.

Signature \_\_\_\_\_ Date \_\_\_\_\_