



Resident's Emergency Information

Please provide Huron University College with the following information for use in an emergency. Please note that you are able to access this information sheet at any time in order to verify its accuracy. The information is used to ensure key medical and contact information is available for emergency purposes and will be provided to emergency and/or University personnel as required. If you have questions about this collection, use or disclosure of this personal information, please contact the Director of Housing and Organizational Services for Huron University College at (519) 438-7224 ext. 204 or huronrez@huron.uwo.ca.

First Name(s) _____

Last Name _____

Date of Birth _____

mm/dd/yyyy

Student Number

Health Card Number

(provision of health number is voluntary)

Permanent Address

Address _____

City _____

Province

Postal Code

Country

or State

or Zip Code

Phone

Email:

Emergency Contact

First Name _____

Relationship to self _____

Last Name _____

Address _____

City _____

Province

Postal Code

Country

or State

or Zip Code

Day Phone

Evening Phone

Medical Information

Please note any important information (*physical or mental health issues*) below. (Check those that apply)
 Medications (*For each of the following, check either "yes" or "no" and specify where necessary*)

Prescribed Medications yes no (if yes, be specific) _____

Drug Allergies yes no (if yes, be specific) _____

Medical Conditions (*For each of the following, check either "yes" or "no" and if yes be specific*)

Serious Allergies yes no (if yes, be specific) _____

Asthma yes no (if yes, be specific) _____

Mental Health Issues yes no (if yes, be specific) _____

Diabetes yes no (if yes, be specific) _____

Epilepsy yes no (if yes, be specific) _____

Others yes no (if yes, be specific) _____

Other Medical Information _____

Family Physician

Physician _____

Address _____

City _____ Province Postal Code

Country or State or Zip Code

Phone

Consent

I hereby give Huron University College my consent to use the information on this form in the event of an emergency, to contact the emergency contact person indicated, and to disclose the information to emergency services personnel.

Date _____

Student Signature