



Office of Residence Life
EMERGENCY CONTACT FORM

| | |
|---|----------------|
| First Name: | Last Name: |
| Student ID #: | DOB: / / |
| Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male | |
| Home #: | Cellphone#: |
| Home Address: | |
| Campus Address: | |
| | |
| Emergency Contact Name: | |
| Emergency Contact Relationship: | |
| Emergency Contact Cell-phone#: | |
| Emergency Contact Home Phone#: | |
| Emergency Contact Email Address: | |
| | |
| Emergency Contact Name: | |
| Emergency Contact Relationship: | |
| Emergency Contact Cell-phone#: | |
| Emergency Contact Home Phone#: | |
| Emergency Contact Email Address: | |
| | |
| Do you have allergies we should be aware of? | |
| Is there any additional information we should have to act on your behalf in case of an emergency? | |

Disclosure Statement

Your signature gives Felician College Office of Residence Life the right to disclose information to one or both of the above parties in the event of an emergency. Emergencies will be determined on a case by case basis by the College. If a posed threat is presented, then the College has the right to protect the safety of other students and administrators and contact one or both of the above.

Student Signature

Date

Parent/Legal Guardian if student is under 18

Date