



Student Life/Student Activities

EMERGENCY CONTACT & HEALTH INSURANCE INFORMATION

Print Student's Name (as it appears exactly on your license, government issued ID or passport):

Last: _____ First: _____ Middle: _____

Date of Birth (mm/dd/yyyy): _____ WCSU ID#: _____

1. In case of emergency, who should we notify?

Primary Emergency Contact:

Secondary Emergency Contact

Name: _____

Name: _____

Relationship to you: _____

Relationship to you: _____

Address: _____

Address: _____

City: _____

City: _____

State: _____ Zip: _____

State: _____ Zip: _____

Home Telephone (____) _____

Home Telephone (____) _____

Work Telephone (____) _____

Home Telephone (____) _____

Cell Phone (____) _____

Cell Phone (____) _____

2. Do you have any medical problems we should be aware of (in case you should take ill while traveling)?

3. Are you taking medication? Yes___ No___
If yes, what?

4. Do you have Health Insurance? Yes___ No___

Name of Insurance Company Policy Number

Address Telephone Number

City State Zip