

Emergency Information

Full Name:		Preferred Name:						
UIN/A#:	DOB:				Gender:		М	<u>F</u>
Address/City/State/Zip:								
Phone:	eMail:							
Major:	Status:	FR	so	JR	SR	GR	FAC	STAFF
Emergency Contact:				Rela	tionshi	p: _		
Address/City/State/Zip:								
Phone:	Alternate Phone:							
eMail:	_							_
Medical Conditions Advisor/S	Sponsor should I	know a	bout:					
Drug Allergies:								
Medications you are currentl	y taking (prescri	ption a	and noi	n-presc	ription	ı):		
Physician's Name:				P	hone:			
Insurance Company:				P	olicy #	:		
Name of Policy Holder:				_	iroup #	!:		
Employer:								
I hereby authorize Texas A&N myself in the event of an emotion TAMU-CC Faculty/Staff/Orga This information is considere	ergency. This inf nizational office	ormati ers, Adv	ion will visor(s)	be ma	de ava	ilable t	o autho	orized
Signature of Traveler					C	ate		
If traveler is under 18, please	complete the fo	ollowir	ıg:					
Printed Name and Signature	of Parent/Guard	lian		_		ate		