



Emergency Information

Full Name: _____ Preferred Name: _____

UIN/A#: _____ DOB: _____ Gender: M F

Address/City/State/Zip: _____

Phone: _____ eMail: _____

Major: _____ Status: FR SO JR SR GR FAC STAFF

Emergency Contact: _____ Relationship: _____

Address/City/State/Zip: _____

Phone: _____ Alternate Phone: _____

eMail: _____

Medical Conditions Advisor/Sponsor should know about:

Drug Allergies:

Medications you are currently taking (prescription and non-prescription):

Physician's Name: _____ Phone: _____

Insurance Company: _____ Policy #: _____

Name of Policy Holder: _____ Group #: _____

Employer: _____

I hereby authorize Texas A&M University-Corpus Christi to release information pertaining to myself in the event of an emergency. This information will be made available to authorized TAMU-CC Faculty/Staff/Organizational officers, Advisor(s) and University Police Department. This information is considered personal and confidential.

Signature of Traveler

Date

If traveler is under 18, please complete the following:

Printed Name and Signature of Parent/Guardian

Date