



Emergency Contact Information

Name _____ Hall _____ Rm. _____

Phone _____ Cell _____

Home Address _____ City _____

State _____ Zip _____

Date of Birth (mmddy) ____/____/____

Parent/Guardian _____

Address (if different) _____

Home Phone _____ Cell _____

The Higher Education Opportunity Act of 2008 requires institutions to ask students if they would like to list a different emergency contact, should a missing persons report be filed. If you prefer an alternate contact than the one listed above, please list below:

Name: _____ Phone: _____

Please note that this information: will be registered confidentially, will be accessible only to authorized campus officials, and may not be disclosed, except to a law enforcement personnel in furtherance of a missing person investigation. If you are under 18 and not emancipated, NCMC will notify parents.

Health Information

Allergies:

Medications:

Recent surgeries / injuries:

Primary Physician: _____ Phone _____