



Emergency Contact Information Form

Required by all Housing Students

Name: _____ ID Number: _____

Current Residence Hall Assignment: _____ Room: _____

* Health Insurance Provider: _____ Insurance #: _____

(*Required – See part II, item 7 of the Housing License Agreement)

Are you covered in the state of California? Yes No

List any allergies: _____

Last date of Tetanus Shot: _____ Have you had a Hepatitis vaccination? Yes No

Current Known Medical Conditions: _____

Current Prescribed Medications: _____

Who should be contacted in case of an emergency or if you are deemed by university officials to be missing? Please list two (2) contacts, including an immediate family member.

Contact Name: _____

Relationship: _____

Address: _____

Phone: _____ Alt. Phone Number: _____

Contact Name: _____

Relationship: _____

Address: _____

Phone: _____ Alt. Phone Number: _____

Disclosure Statement

Signature gives the Academy of Art University 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 Academy. If a posed threat is presented, then the Academy 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 Signature

Date