



Coastline Community College

STUDENT EMERGENCY FORM

Student's Name _____

Age _____ Date of Birth _____

Address _____ (Apt #) _____

City _____ Zip Code _____

Home Phone _____ Cell Phone _____

In case of emergency, please contact:

Name _____

Address _____ (Apt #) _____

City _____ Zip Code _____

Home Phone _____ Cell Phone _____

If the above party cannot be reached, please contact:

Name _____

Address _____ (Apt #) _____

City _____ Zip Code _____

Home Phone _____ Cell Phone _____

Lost/Wandering/Missing Student: the college staff is committed to making every reasonable effort to assure that students remain in class during class hours. If a student leaves class, however, the college cannot assume responsibility for off-campus searches. If a student leaves the grounds unexcused, the college staff will call and alert the contact party identified on this form. If we are unable to reach either contact party, do you want the college to contact the police department to assist in the search?

___ **YES**, notify the police ___ **NO**, do not notify the police

Medical Emergency: Paramedics will be called to respond to medical emergencies. NOTE: a copy of this form will be given to the paramedics should they request it.

(please complete the reverse side of this form)

Current Medical Data

Present Physician _____ Phone _____

Address _____

City _____ Zip Code _____

Present medications and dosage _____

Do you have:

_____ speech difficulties (if so, explain) _____

_____ paralysis (if so, to what degree) _____

_____ visual impairment (if so, to what degree) _____

_____ hearing impairment (if so, to what degree) _____

_____ memory problems (is so, to what degree) _____

_____ allergies (if so, to what degree) _____

_____ seizures (how often) _____

Other significant information _____

Student's Signature

Date

Signature of parent, spouse, or significant other

Date