

## EMERGENCY INFORMATION

Please complete the following information and turn it into you Resident Assistant at the first wing meeting. This is confidential information that will be filed in the Residence Life Office, and will only be used in cases of emergency.

Name: \_\_\_\_\_ Campus Address \_\_\_\_\_ Maria/ St. Catherine/St. Joseph

Campus Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number \_\_\_\_\_

## IN CASE OF EMERGENCY, PLEASE CONTACT

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

## MEDICAL CONDITIONS

Existing medical conditions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medications currently using: \_\_\_\_\_  
\_\_\_\_\_

## PSYCHOLOGICAL/ MEDICAL EMERGENCIES

An event is considered a psychological emergency when a student indicates either verbally or by behavior that they are unable to ensure their own safety or the safety of others and may require a psychological evaluation.

An event is considered a medical emergency when a student's physical condition requires a professional medical evaluation.

Any witness to such an event must contact a member of the Residence Life Staff immediately.

I, \_\_\_\_\_, have read the guidelines regarding Psychological/ Medical emergencies and agree to inform an R.A. immediately in the event of such an emergency.

Signed \_\_\_\_\_ Date \_\_\_\_\_