



Brandeis University MS044
Waltham, MA 02454-9110

LCC OFFICE USE ONLY Date Received: ___/___/___ Date Entered: ___/___/___ Entered By: _____
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EMERGENCY INFORMATION

Name

Date

In case of an emergency, notify:

1. Name: _____ Relationship: _____
Address: _____ Telephone: (cell / home / work) _____
_____ Telephone: (cell / home / work) _____

1. Name: _____ Relationship: _____
Address: _____ Telephone: (cell / home / work) _____
_____ Telephone: (cell / home / work) _____

Please note: if you are under 18 years old we MUST have your parent's consent before medical care is administered.

Additional medical information (allergies, ongoing conditions, etc) :