



**University of South Alabama
Emergency Medical Information**

Name: _____

Address _____
Street City State/Zip Code

Student Phone Number () _____ Sex _____

Age: _____ Birth Date: _____

Name of School Attended 2017-2018 School Year: _____

Rising Grade for 2018-2019 School Year: _____

This information will be used in case of an emergency

Parent/Guardian Name: _____

Is their address the same as above? Y/N

If no, please write their address below:

Address _____
Street City State/Zip Code

Parent/Guardian Cell Phone Number () _____ Code _____

Emergency Contact Name: _____
Phone Number () _____

Parent

Emergency Medical Information

