



Brandeis University MS044  
Waltham, MA 02454-9110

<b>LCC OFFICE USE ONLY</b> 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) :