

Memphis College of Art

Student Emergency Information Form

Student's Name: _____ SSN#: _____

Address (In Memphis): _____

Phone #: _____ Cell #: _____

Date of Birth: _____

Are you covered by your parent's insurance? Yes No

Do you have your own insurance coverage? Yes No

Insurance Carrier: _____

Address: _____

Policy/Group #: _____ Phone #: _____

Parent(s)/guardian/person to notify in the event of an emergency:

Name: _____

Relationship to You: _____

Phone #: _____ Cell #: _____ Work #: _____

Address: _____

City: _____ State: _____ Zip: _____

Please note that if you are a dependent and/or under the age of 24, MCA will automatically notify the above listed parent/guardian in the event of a medical emergency. If you are independent of (a) parent(s)/guardian, as described by the Internal Revenue Service (IRS), and you are the age of 24 or over, you will need to check the appropriate response below:

- Please contact my parent(s)/guardian/person in the event of an emergency.
- Please DO NOT contact my parent(s)/guardian/person in the event of an emergency

Please list any/all known medical conditions and prescribed medications you are currently taking, with any appropriate explanation. (NOTE: This information is kept completely confidential and only used to assist in the event of a medical emergency).

I, _____, hereby authorize Memphis College of Art, and any individuals working on behalf of the college, to seek emergency medical attention on my behalf.

Student Signature: _____ Date: _____