



Submit changes on a new form to the Registrar. Forms are located at <http://www.cnsu.edu/office-of-the-registrar/registrar-services>. Save this PDF to your computer, open using Adobe Reader, complete, print, sign and submit to the Registrar.

This information will be extremely important in the event of an accident or medical emergency.

STUDENT INFORMATION

Name: _____
First Middle Last

Student ID #: _____ Date of Birth: _____ Program/College _____ Class of/Cohort: _____

Sex: _____ Primary Phone #: _____ Secondary Phone #: _____

EMERGENCY CONTACT INFORMATION: Please list at least two English-speaking contacts who can be contacted on your behalf in the event of an emergency.

Primary Contact's Name: _____ **Relationship:** _____

Primary Phone #: _____ Secondary Phone #: _____

Address: _____

Secondary Contact's Name: _____ **Relationship:** _____

Primary Phone #: _____ Secondary Phone #: _____

Address: _____

MEDICAL INFORMATION—Evidence of insurance and your immunization must be submitted to your college.

Preferred Local Hospital: _____

Physician's Name *(optional)*: _____ Physician's Phone # *(optional)*: _____

Insurance Company: _____ Policy #: _____

Allergies/Special Health Considerations you would want an emergency care provider to know (attach separate sheet if necessary):

AUTHORIZATION Select one option and sign. Please note that typed signatures will not be accepted.

I am 18 years of age or older and authorize all medical and surgical treatment, X-ray, laboratory, anesthesia and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics and waive my right to informed consent of treatment. This waiver applies only in the event no party listed in the emergency contact information can be reached in the case of an emergency.

Student Signature: _____ **Date:** _____

If under 18 years of age....

I am the parent/guardian of the student above and authorize all medical and surgical treatment, X-ray, laboratory, anesthesia and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics and waive my right to informed consent of treatment. This waiver applies only in the event no party listed in the emergency contact information can be reached in the case of an emergency.

Parent/Guardian Signature: _____ **Date:** _____

Parent/Guardian Name Printed: _____