Emergency Response Form

Student: _____

UC ID#: _____

Effective Date: _____

Instructions Specific to my Medical Condition:

1. Type of condition:

   _____

   _____

2. Side effects:

   _____

   _____

3. Medications taken for this condition:

   _____

   _____

4. Best method of assistance:

   _____

   _____

5. Preferred hospital if needed:

   _____

   _____

6. Emergency contact:
   #1 Name: _____

   Phone: _____

   #2 Name: _____

   Phone: _____