



## Emergency Information Form

*(Please provide the OITC with the following information:)*

### **Emergency Contact Person Information:**

Last Name \_\_\_\_\_  
First Name \_\_\_\_\_  
Home Address \_\_\_\_\_  
\_\_\_\_\_  
Home Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Relationship \_\_\_\_\_

List any medical problems requiring immediate attention that you wish the BIC to be aware of in the event of an emergency situation:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any medications, and their locations, or any procedures necessary to your well being, that you wish the BIC to be aware of in the event of an emergency:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In the event that you must be transported to a local hospital, do you have a preference?

\_\_\_\_\_  
\_\_\_\_\_