

STUDENT AFFAIRS

Last Name First Name Middle Name

Home Address: _____

City State Zip Code

Date of Birth: _____ Cell Phone: _____

Home Phone: _____

Health Insurance provider (check one): _____ MSM sponsored plan _____ Other (please add details below)

Insurance provider name: _____ Insurance member ID #: _____

For the 2016-2017 academic year I plan to be: _____ living in Andersen Hall _____ living off campus

IN CASE OF EMERGENCY, CONTACT: (it is helpful to include a local contact if possible)

1) Name: _____ Relationship: _____

Cell Phone: _____ Home Phone: _____

Address: _____

2) Name: _____ Relationship: _____

Cell Phone: _____ Home Phone: _____

Address: _____

IN CASE I AM MISSING, CONTACT: (it is helpful to include a local contact if possible)

1) Name: _____ Relationship: _____

Cell Phone: _____ Home Phone: _____

Address: _____

Do you have allergies/adverse reactions to medications/food/insects/other? If yes, please list: _____

Is an Epi-Pen required? _____ No _____ Yes

Please list any medication you are currently taking: _____

Please list any any medical/mobility/mental health conditions: _____

The information requested on this form is confidential and for emergency use only. In the event of a medical emergency, this information will be used by Manhattan School of Music and emergency personnel. Please be honest when completing all pertinent information. In the case of emergency, I give permission for my information to be released to emergency personnel. I also agree that any of my emergency contacts listed on this form may be notified in an emergency, as needed.

Student Signature

Date