



EMERGENCY CONTACT
2019-2020

Student Name Last First MI Cell Phone ()

Date of Birth Home Phone Number ()

Home Address (Street) (Mailing, if different)

(City/Town) (State) (Zip Code)

Health Insurance Company

Health Insurance ID #

Name of person who holds insurance

Do you have any health problems which we should be aware of? Yes No

(e.g. diabetes, epilepsy, allergies, drug allergies, under the care of a physician, psychiatrist or psychologist, physical or mental challenges, taking any medication on an on-going basis, etc.)

**If yes, please list/describe:

IN CASE OF EMERGENCY CONTACT:

Name Relationship

Home Phone # () Work Phone # () Cell Phone # ()

Address (Street) (City) (State) (Zip)

ALTERNATE EMERGENCY CONTACT:

Name Relationship

Home Phone # () Work Phone # () Cell Phone # ()

Address (Street) (City) (State) (Zip)

By checking this box and typing my name below, I am electronically confirming that my insurance information provided is accurate, and that I have provided all necessary emergency contact information requested. I also understand that this information may be shared with outside agencies (EMT/Police/Hospital, etc.) in the event of an emergency.

Student Signature

Date

Signature of Parent/Legal Guardian (if student is under 18)

Date

Email completed forms to: housing@rivier.edu

Office of Residence Life, 420 South Main Street, Nashua, N.H.03060-5086 • Phone: (603) 897-8244 • Fax: (603) 897-8876