

**Minot State University**  
**Welcome Weekend**  
**EMERGENCY Information Sheet**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: Home \_\_\_\_\_ Work \_\_\_\_\_

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THIS INFORMATION IS VERY IMPORTANT AND USEFUL FOR US IN THE EVENT OF AN EMERGENCY.

DATE OF BIRTH: \_\_\_\_\_

IF NONE WRITE "NONE" IN SPACE PROVIDED.

Allergies (Drugs, Food, Insects, Plants etc.) \_\_\_\_\_

Please indicate how your allergies are managed \_\_\_\_\_

Heart Disease \_\_\_\_\_ High Blood Pressure \_\_\_\_\_ Diabetes \_\_\_\_\_ Epilepsy \_\_\_\_\_

Recent Illness or Injury Y N (If yes, please describe and explain how it is currently managed) \_\_\_\_\_

Medications you currently take (Prescription or over the counter): \_\_\_\_\_

Do you wear: Glasses \_\_\_\_\_ Contact Lenses \_\_\_\_\_ Neither \_\_\_\_\_

Please list any physical conditions which could limit activities such as asthma, hay fever, back injuries etc.

Health Insurance Carrier & Policy Number, if available: \_\_\_\_\_

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**IN CASE OF EMERGENCY NOTIFY:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_