



## Emergency Contact Form

### Student's Information

Full Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
E-mail: \_\_\_\_\_

### Emergency Contact Information

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
E-mail: \_\_\_\_\_

### Healthcare Information:

Primary Physician or Clinic: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Known Allergies: \_\_\_\_\_  
Known Medical Conditions: \_\_\_\_\_  
Current Medications: \_\_\_\_\_

Permission to Treat in an Emergency? \_\_\_\_ Yes \_\_\_\_ No

Preferred Hospital (please name or reply "the closest"): \_\_\_\_\_

Additional Comments or Information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

By signing below, I acknowledge that I have voluntarily provided the above contact information and authorize Meadville Lombard and its representatives to contact any of them on my behalf in the event of an emergency.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This form may be faxed, mailed, or emailed to

Attn: Student Services  
Meadville Lombard Theological School  
610 S. Michigan Ave  
Chicago, IL 60605  
Phone: (312) 256-3000, Fax: (312) 327-7068, Email: [jcoffee@meadville.edu](mailto:jcoffee@meadville.edu)