

MCC Residence Hall Emergency Information

STUDENT INFORMATION

Name

Birthday

Address

City, State/Country

E-mail

Cell Phone #

Vehicle Make/Model/Color

Plate #

Do you have any pertinent Medical History that we would need to know in case of an emergency? If so, please explain _____

Do you have in allergies? If so, please explain: _____

EMERGENCY CONTACT

Name

Relationship

Phone Number

Cell Number

Work Number

This will be kept completely confidential