## **UMSS MEDICAL EMERGENCY FORM**

## Please print clearly

This information will be shared only in emergency situations.

| Name:                                   |  |
|---|--|
| Allergies:                              |  |
|   |  |
|   |  |
| Current Medications:                    |  |
|   |  |
|   |  |
| Medical History:                        |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
| Person to contact in case of emergency: |  |
| Name:                                   |  |
| Phone number(s):                        |  |
|   |  |
| Additional Name:                        |  |
| Phone number(s):                        |  |