



u.s. international health alliance
Emergency Contact Information

Student's Name: _____

Person to contact in case of EMERGENCY:

Name: _____

Phone #: _____ Cell/Alternate Phone #: _____

Address: _____

Relationship: _____

Do you have a family doctor?

Name: _____

City: _____

Phone#: _____

What is the name and number of your medical insurance company? Please attach a copy of BOTH SIDES of your insurance card as well.

Where can you be reached?

Address _____

Phone #: _____