



UNIVERSITY *of*  
DENVER

## Emergency Information

Please provide the following information of an individual who we may contact in the event of an emergency.

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

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

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

City, State, and Zip Code: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Allergies: \_\_\_\_\_

\_\_\_\_\_

Medications (please indicate amount taken per day):

\_\_\_\_\_

\_\_\_\_\_

Dietary Restrictions: \_\_\_\_\_

\_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_