SUFFOLK UNIVERSITY
DEPARTMENT OF RESIDENCE LIFE & SUMMER PROGRAMS
EMERGENCY INFORMATION SHEET 2008-2009

We need to collect this information so that we know whom to contact should there be an emergency (medical or otherwise).
It is preferable that the person listed is your parent or guardian.
You can mail this form to us in advance of your arrival (SU Residence Life & Summer Programs, 8 Ashburton Place, Boston, MA 02108 OR BRING this form with you when you arrive. You will need to submit it in order to get your key.

Please clearly print all information.

Student's Name: _____
last/sur/family first middle

HOME Address: _____
street

_____
city state country

HOME Telephone: (_____)_____ Student's CELL phone: (_____)_____
area/country code area/country code (we may use this number to contact you)

EMERGENCY PHONE NUMBER if not the listed home phone: _____

Name of Parent/Guardian to be reached at home/emergency phone:_____

Person to notify if parent/guardian cannot be reached in an emergency: _____

Relationship to you:_____ Telephone: (_____)_____
area/country code

Important Medical Information:_____
drug allergies, prescription medications, conditions, etc. you wish to list