EMERGENCY RESPONSE FORM

Student Name: ____________________________________________
UCID: ________________________________________________
Effective Date: ________________________________________

INSTRUCTIONS SPECIFIC TO MY MEDICAL CONDITION:

1. Type of condition: ____________________________________________

2. Side Effects: ________________________________________________

3. Medications taken for this condition: ______________________________

4. Best method of assistance: ______________________________________

5. Preferred hospital if needed: ________________________________

6. Emergency Contact: (Name) _________________________________

                          (Phone) ______________________________

7. Other: ___________________________________________________

Service Animal Information if Applicable:

Animal’s Name_______________________________