



UC Clermont Disability Services Office

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 _____