



Emergency Contact and Medical Information

Student Name: _____ Date: _____

GBC ID Number: _____ Cell Phone: _____

Please list two people that can be contacted in the event of an emergency:

Name: _____ Relationship: _____

Work Phone#: _____ Cell Phone#: _____

Street Address: _____

City: _____ State: _____

.....

Name: _____ Relationship: _____

Work Phone#: _____ Cell Phone#: _____

Street Address: _____

City: _____ State: _____

If the Housing Coordinator and/or Resident Advisor become concerned that you are in danger or may be missing from the housing program, they will contact one or both of these people. It is important that you let the RA know if you are going to be gone for several days so we won't become unnecessarily concerned.

Please list any medical conditions or medication that you feel we should know about.

Family Housing:

If you have children and they have medical conditions/allergies, please write them also.

GBC is guided by the principle that there shall be no difference in the treatment of persons because of a person's age, disability, whether actual or perceived by others (including service connected disabilities), gender (including pregnancy related condition), military status or military obligations, sexual orientation, gender identify or expression, genetic information, national origin, race or religion, and that equal opportunity and access to facilities shall be available to all. For inquiries, 775.753.2181