

GENESYS

EMS EDUCATION

Student Emergency Card

Student Information

Student Name: _____ SUID#: _____

Course Code: _____ E-mail: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (_____) _____ Cell: (_____) _____

Primary Emergency Contact Information

Contact Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Primary Phone: (_____) _____ Work, Home or Cell?: _____

Secondary Phone: (_____) _____ Work, Home or Cell?: _____

Secondary Emergency Contact Information

Contact Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Primary Phone: (_____) _____ Work, Home or Cell?: _____

Secondary Phone: (_____) _____ Work, Home or Cell?: _____

I, _____, hereby give permission to Genesys Regional Medical Center to access this information, as needed, on a per diem basis.

Student Signature: _____

Date: _____

We are called to: Service of the Poor Reverence Integrity Wisdom Creativity Dedication