

Northern Vermont University-Lyndon Emergency Card



Northern Vermont University – Lyndon

**STUDENT GOVERNMENT
ASSOCIATION**

listening. empowering. changing.

Name: _____
Last First Middle

Cell Phone Number: _____

Student ID: _____ Birth Date: _____ Gender: _____

Home Address: _____

EMERGENCY CONTACT #1

Name: _____ Relationship: _____

Primary Number: _____ Alternate Phone Number: _____

E-mail Address: _____

EMERGENCY CONTACT #2

Name: _____ Relationship: _____

Primary Number: _____ Alternate Phone Number: _____

E-mail Address: _____

Insurance Information

Insurance carrier name: _____

Policy Number: _____

Have you been diagnosed by a physician for a chronic illness/disability? If yes, what?

Do you have any known allergies , asthma?

Are you allergic to any medications?

Do you take any medications on a regular basis? If yes, what?

Do you wear contact lenses?

Any other medical concerns?

**Northern Vermont University– Lyndon EMERGENCY CONTACT
Erin Rossetti–Director of Student Life- 802-922-4724**