

Name _____



Dedicating Heart and Mind to God

EMERGENCY INFO FORM

Office of Student Life
5000 Deer Park Dr SE, Salem, OR 97317
phone 503-375-7010 | *fax* 503-585-4316
email studentlife@corban.edu

PERSONAL INFORMATION

_____	_____	_____
<i>First name</i>	<i>Last name</i>	<i>Year in school</i>
_____	_____	_____
<i>Local address (If not a resident student)</i>	<i>City</i>	<i>State ZIP</i>
_____	_____	_____
<i>Cell phone</i>	<i>Email</i>	
_____	_____	
<i>Birth date</i>	<i>Single / Married / Maiden name</i>	<input type="checkbox"/> <i>Male</i> <input type="checkbox"/> <i>Female</i>

EMERGENCY CONTACT

_____	_____	_____
<i>First name</i>	<i>Last name</i>	<i>Relationship</i>
_____	_____	_____
<i>Street address</i>	<i>City</i>	<i>State ZIP</i>
_____	_____	_____
<i>Phone</i>	<i>Email</i>	

HEALTH INFORMATION

Allergies (Including allergic reaction)

Medications

Do you have any physical or mental health concerns you would like Student Life to be aware of?

If you would like to speak specifically to University personnel about a health concern, please contact Nathan Geer, Dean of Students at 503-375-7010 or ngeer@corban.edu.

LIABILITY RELEASE

All information on this form will be kept confidential and will be shared with appropriate Corban personnel on a need-to-know basis only. Corban University provides no insurance coverage or payment for medical expenses for students who sustain injuries while enrolled at Corban. This includes injuries sustained in all college activities, including, but not limited to, injuries occurring in classes, while participating in class-sponsored activities, internship programs, community service assignments, intramural sports, intercollegiate athletic programs, mission trips, educational excursions, or ASB sponsored events. The undersigned acknowledges there are inherent risks of injury from participating in various school activities and waives and releases Corban University from any and all claims or demands for damages or injury, known or unknown, that the participant may have against them while a student at Corban. If physical activity of a student has been restricted by a physician, the student is responsible for observing such restrictions.

I have read and agree to the above statements:

Student signature

Date

Parent/Guardian signature (if student is under 18)

Date

INSURANCE INFORMATION

Fill out the below information OR attach a front and back copy of insurance card.

Health Insurance company

Policy number

Address of Insurance company

City

State

ZIP

Name of Insured

Insured's date of birth

Employer of Insured

Employer's phone

Address of employer

City

State

ZIP

