Personal Data and Emergency Information Sheet University of Northern Iowa - Housing & Dining

Students: Please have this Personal Data and Information Sheet complete and provide it to dorm staff when you arrive on campus. This information may be used to identify medical information, medications, special needs, or to contact you in case of emergency. It will only be available to necessary officials, including staff in Housing & Dining, University Police, University Health Services, and emergency medical personnel. The information contained in this document will be kept confidential and is being compiled to comply with the Higher Education Opportunity Act (HEOA) and related amendments.

| Dorm: | | Room #: | | Student ID#: | |
|---------------------------------|---------------------------------------|--------------------------------------|---------------------------------------|-------------------------------|------------|
| Cell phone #: _ | | | Date of E | e of Birth: | |
| Student Inform | | | | | |
| Last | | | First | | MI |
| Permanent Add | lress: Street | | City | State | Zip |
| Class Rank: | Freshman | SophomoreJunior | Senior | Graduate | |
| Medical Insurar | nce Provider | | | | |
| Any physical / e | emotional health o | condition(s) dorm staff should | d be aware of: | | |
| 7 tily priyolodi / c | motional notities | | . De aware or | | |
| | | | | | |
| All | | | | | |
| Allergies to Me Medical Name | edications/Envir | onment/Foods: Describe Reaction | | | |
| | | _ | | | |
| | | | | | |
| | | _ | | | |
| | | | | | |
| | · · · · · · · · · · · · · · · · · · · | | · · · · · · · · · · · · · · · · · · · | | |
| Modication Lie | ••• Prescription an | nd over the counter drugs and | d nurnosa for taki | ng. Include dose and frequen | 101/ |
| | · | u over the counter drugs and | | ng. molade dose and hequen | cy. |
| | | | | | |
| 0 | | | | | |
| 4. | | | | | |
| 5. | | | | | |
| · | | | | | |
| Parent or Guar | rdian Informatio | n: In case of emergency, I gi | ve permission for | the following person(s) to be | contacted: |
| Name | | | Cell I | Number | |
| INGILIE | | | Oeli i | Number | |
| Relationship to Student | | | Eme | rgency Contact Email | |
| Address | | | Citv | State | Zip |