JOHNS HOPKINS UNIVERSITY | Homewood Student Affairs
Center for Social Concern

Emergency Contact and Medical Information Form

The information on this form will be kept in the possession of The Johns Hopkins University, Center for Social Concern. A copy will also be distributed to the person in charge of each trip or activity in which the student participates.

Program /Field Trip Name:	
Date Completed:	

PARTICIPANT INFORMATION			
First & Last Name		JHED ID	
Email Address:			
Primary Phone:		Alternate Phone:	
Gender:		Date of Birth:	
Address:		City, State Zip:	
List any medications being taken:			
Allergies (medicine, food, etc.):			
Any special dietary needs:			
Previous injuries, major illnesses, and surgeries:			
Other information for an emergency responder:			

IN CASE OF EMERGENCY, CONTACT

Primary Contact

First & Last Name:		Relationship	
Primary Phone:		Alternate Phone:	
Address:		City, State Zip	

Alternative Contact

First & Last Name:		Relationship	
Primary Phone:		Alternate Phone:	
Address:		City, State Zip	

Do you require any dietary, religious, mobility, hearing, vision, or other accommodations in order to participate fully in the program? If yes, please describe:
I certify that I am 18 years of age or older and that the information on this form is accurate and complete. Should the need arise, I authorize that the information on this form can be released to the proper medical authorities so medical treatment can be administered.

SIGNATURE:		DATE	
PARENT/GUARDIAN SIGNATURE:		DATE	