

**KILIAN COMMUNITY COLLEGE
EMERGENCY HEALTH CARD**

(Please Print)

NAME _____
(Last) (First) (Middle)

ADDRESS _____

(City) (State) (Zip Code)

In case of emergency, notify _____

Relationship _____

Telephone # _____

Doctor _____

Hospital _____

Existing medical condition/s _____

In the case of an accident or an emergency, the College will call 911. An attempt will be made to notify your emergency contact. Students are responsible for notifying the College if there are any changes in this information. If 18 years of age or older, sign and date this form. Individuals under 18 must have parent, guardian or spouse sign.

Signature: _____ **Date:** _____