

# Emergency Contact and Resident Documentation Form



Full Name: \_\_\_\_\_

Academic Year: \_\_\_\_\_

Room Number: \_\_\_\_\_

## Emergency Contact Information

Full Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

## Resident Documentation Form

Please list all allergies, the severity of your reaction and medications prescribed, including EpiPens. For any other medical condition(s) indicated, you must be prepared to provide the accompanying medical documentation. All allergy information, not relating to food, and medical information will be kept confidential with 3030 Daniel Avenue (ACH) staff.

Condition	Reaction To	Severity of Reaction	Medication (if any)
Food Allergies			
Natural/Seasonal Allergies			
Animal Allergies			
Medication Allergies			
Other Allergies			
Other Medical Conditions <small>* Any medical conditions/phobia(s) listed must include the accompanying medical documentation.</small>			