

# RADFORD UNIVERSITY RESIDENTIAL LIFE CONTACT CARD

Last Name: \_\_\_\_\_

Room # / Building: \_\_\_\_\_

Name: \_\_\_\_\_ Student I.D. # \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Alternative Phone #: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Doctor's Phone #: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

PLEASE LIST ANY SPECIAL MEDICAL CONDITIONS YOU HAVE (ALLERGIES, DISABILITIES, ETC.) \_\_\_\_\_

LIST ANY MEDICATIONS TO WHICH YOU ARE ALLERGIC: \_\_\_\_\_

LIST ANY PRESCRIPTION MEDICATIONS USED REGULARLY: \_\_\_\_\_

IS ANY MEDICATION INJECTED (with needles)  YES  NO

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PRIMARY Emergency Contact Name: \_\_\_\_\_ DAY TIME PHONE #: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_ HOME PHONE #: \_\_\_\_\_

TOWN/STATE of residence: \_\_\_\_\_ OTHER PHONE #: \_\_\_\_\_

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SECONDARY Emergency Contact Name: \_\_\_\_\_ DAY TIME PHONE #: \_\_\_\_\_

(rev. 7/09) HOME PHONE #: \_\_\_\_\_ OTHER PHONE #: \_\_\_\_\_