

PERSONAL DATA & EMERGENCY INFORMATION

Complete and return by June 30, 2008

This information is strictly for the use of Wheaton College and Norton Medical Center and will not be released to anyone without your knowledge and written consent.

Name _____ Male _____ Female _____
Last First Middle

Home Address _____
Street City State Zip

Home Phone _____ Date of Birth _____

Cell Phone _____ Place of Birth _____

Father's/Guardian's Name _____ Mother's/Guardian's Name _____

Address _____ Address _____

Home Phone _____ Home Phone _____

Cell Phone _____ Cell Phone _____

Email Address _____ Email Address _____

Business Phone _____ Business Phone _____

Optional Emergency Contact If Parents Unavailable

(International students MUST list an emergency contact residing in the USA)

Name _____ Relationship to Student _____

Home Address _____
Street City State Zip

Home Phone _____ Business Phone _____ Cell Phone _____

**Mail completed forms to:
Office of Health & Wellness, Wheaton College, Norton, MA 02766**

I certify to the best of my knowledge that the information on this form is accurate and complete. I give my consent to share medical information with hospital or emergency medical personnel in the case of an emergency and authorize Wheaton College to assume responsibility for emergency surgery and anesthesia as deemed appropriate. This authorization will remain in effect as long as I remain enrolled at Wheaton College.

Student's Signature _____ Date _____

Parent/Guardian's Signature Required If Student Under 18 Years Of Age _____