



**MILES COMMUNITY COLLEGE**

*College Housing*

*Emergency Data Card*



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

DOB: \_\_\_\_\_

Permanent Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone Contact: \_\_\_\_\_

Vehicle Make/Model: \_\_\_\_\_ License Plate #: \_\_\_\_\_ State: \_\_\_\_\_

**EMERGENCY CONTACT ONLY**

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

List any medical conditions or medications in the event that Emergency Medical Assistance is called on your behalf: \_\_\_\_\_

\_\_\_\_\_

Contact if reported missing: \_\_\_\_\_ Phone: \_\_\_\_\_