



EMERGENCY CONTACT FORM

Academic Program:

- DO MSMHS-COM Pharmacy MSMHS-COP Education Joint MSPAS/MPH Public Health Nursing

Name (please print) _____

Student ID# _____

Class of (if applicable) _____

IN CASE OF EMERGENCY, PLEASE CONTACT:

Primary Contact

Name (please print) _____

Relationship to You _____

Home Phone Number _____ Work Phone Number _____

Cell Phone Number _____ Email Address _____

Parental Contact (if different from above)

Name (please print) _____

Relationship to You _____

Home Phone Number _____ Work Phone Number _____

Cell Phone Number _____

Student Signature _____ Date _____

This form must be completed when you first matriculate into Touro University California and every fall semester thereafter, even if there have been no changes to your contact information.