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.