

THE MICHAEL V. BOYD EDUCATIONAL OPPORTUNITY PROGRAM CENTER

SUMMER PROGRAM EMERGENCY SHEET

PLEASE PRINT

1. Student Name (First, Middle, Last): _____

2. Male or Female (circle one)

3. Date of Birth: _____

4. Parent's/Guardian Name (First, Middle, Last): _____

Address/P.O. Box: _____ Apt. _____

City: _____ State: _____ Zip Code: _____

5. Parent's/Guardian's name to contact in an emergency: _____

Relationship to student: _____

(Area Code) day phone number

(Area Code) evening phone number

(Area Code) Cell Phone number

6. Health Insurance Company/Name for student and Policy Number: _____

7. Special Medical Needs or Requests: _____

8. Medications (if applicable): _____

9. Allergies (to medicine, food, etc): _____

IN AN EMERGENCY: UNIVERSITY POLICE WILL BE CALLED AND THEY WILL CONTACT BROOME COUNTY AMBULANCE FOR TRANSPORT TO THE NEAREST HOSPITAL IF NECESSARY. (Harpur's Ferry, Binghamton University ambulance service which is free, is not available during the summer).