



UNIVERSITY OF

DETROIT MERCY

COLLEGE OF HEALTH PROFESSIONS
& MCAULEY SCHOOL OF NURSING

EMERGENCY CONTACT FORM

INSTRUCTIONS: Complete this form and return to: Nurse Anesthesia - upload to your Typhon account; All other programs - send to: chpcomplianceoffice@udmercy.edu

Name: _____ Detroit Mercy Email: _____
Last First Middle

Date of Birth: _____ Student Titan ID#: _____

Home Address: _____
Street City
State Zip Phone #: _____

College Address: _____
Street City
State Zip Phone #: _____

Date Training Begins: _____ Expected Graduation Date: _____

Academic Major: _____

EMERGENCY CONTACT INFORMATION

In the event of an emergency, the Program or University should contact:

Name: _____
Last First Middle

Home Address: _____
Street City State Zip

Phone: (H) _____ (W) _____ (ALT) _____

Relationship: _____

I hereby authorize and direct the University to furnish the appropriate health care provider of their choice to render such emergency medical or surgical treatment that I might need in case of sudden illness or injury, including hospitalization where indicated. I agree to be responsible for any expense in connection with the aforesaid.

☐ I understand that by checking this box I am consenting to electronically sign this document, and that the electronic signature created has the same legal effect as a traditional pen and ink signature.

SIGNATURE OF STUDENT: _____ DATE: _____