

Palm Beach State College
Emergency Contact Information

This document and its contents constitute a student record and are exempt from public records under § 1002.22 and § 1006.52, Florida Statutes. The contents of this document can only be disclosed in accordance with the Student's and/or Parent(s)/Guardian's consent.

Student Name: _____ Student Number: _____

Address: _____

Email: _____ Home Phone: _____

Alternate Phone: _____

*Health Insurance Provider: _____

Policy # _____ Phone: _____

EMERGENCY CONTACT

Name: _____ Relation to Student: _____

Home Phone: _____ Alternate Phone: _____

Address: _____

Email: _____

I hereby certify that all of the above information given is true and accurate. I hereby consent to the College disclosing this information for the sole purpose of assessing my/student's medical needs or obtaining medical services on/my student's behalf.

Student's Signature: _____ Date: _____

Parent(s)/Guardian's Signature: _____ Date: _____

(If student is under 18 or student has a legal guardian)

*This information shall only be disclosed to a healthcare facility should the student require medical services and is unable to personally convey the information to the medical service provider.