



Student's Name _____

Local Address _____

Local Phone Number: _____

Name of parents or family member in native country _____

Address in Native Country _____

International (home) Telephone Number _____

Native Language _____

Local Doctor's Name (if available) _____

Medical Insurance (name of company) _____

EMERGENCY CONTACT IN THE U.S.

Name _____

Relationship _____

Address _____

Local Home Phone Number _____

Business Phone Number _____

Do you take medicine for any of the following conditions?

☐ Diabetes

☐ Heart Condition

☐ Epilepsy

☐ Allergies

I am allergic to: _____