

PERSONAL DATA & EMERGENCY INFORMATION

Complete and return no later than January 11, 2012

Student's Full Legal Name _____ Sex/Gender _____
Last First Middle Initial

Preferred Name (if different from above) _____

Home Address _____ 1st semester admit
Street City State Zip 2nd semester admit
Country (if other than USA) _____ Transfer

Home Phone _____ Date of Birth _____ Age _____

Cell Phone _____ Place of Birth _____

Guardian/Father's Name _____ Guardian/Mother's Name _____

Address _____ Address _____

Home Phone _____ Home Phone _____

Cell Phone _____ Cell Phone _____

Business Phone _____ Business Phone _____

Optional Emergency Contact

(International students MUST list an emergency contact residing in the USA)

Name _____ Relationship to Student _____

Home Phone _____ Cell Phone _____ Business Phone _____

I certify to the best of my knowledge that the information provided is accurate and complete. In the case of an emergency, I give my consent to share medical information with hospital or emergency medical personnel and authorize Wheaton College to assume responsibility for emergency surgery and anesthesia as deemed appropriate. This authorization will remain in effect as long as I remain a student at Wheaton College.

Student's Signature _____ Date _____

Parent/Guardian Signature Required If Student 17 or Younger _____

I give permission for Wheaton College Student Health Services to release my medical records to Travel Abroad Programs, the Sturdy Hospital Volunteer Department, Wheaton College Athletic Trainers, and other specified organizations as requested.

Student's Signature _____ Date _____