

Prince George's Community College  
Theatre Department  
Student Emergency Contact Information Sheet  
Please Print

Course: \_\_\_\_\_

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address (#, Street, City, State, Zip)

\_\_\_\_\_

E-mail: \_\_\_\_\_

Phone: \_\_\_\_\_

Person to contact in the event of an emergency: \_\_\_\_\_

Full Name: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Address: (#, Street, City, State, Zip) \_\_\_\_\_

Home Phone # \_\_\_\_\_

Cell or Pager # \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

Do you have any known allergies?  
(If yes, please list them)

Yes

No

\_\_\_\_\_  
\_\_\_\_\_

Do you take any Prescription medications?  
(If yes, please list them)

Yes

No

\_\_\_\_\_  
\_\_\_\_\_

Please indicate any other information and or conditions that may assist in our response to an emergency. \_\_\_\_\_