

**UNIVERSITY OF DETROIT MERCY
COLLEGE OF HEALTH PROFESSIONS
EMERGENCY CONTACT FORM**

INSTRUCTIONS: Complete this form and return to: College of Health Professions, University of Detroit Mercy, 4001 W. McNichols, Detroit MI 48221-3038.

Nurse Anesthesia – Attn: Suzane Erwin erwinsm@udmercy.edu 313 993-1923

DNP and Physician Assistant – Attn: Rahima Ahmed ahmedra@udmercy.edu 313 578-0438

Nursing (Graduate and Undergraduate), Health Services Administration, Health Information Systems -
Attn: Cheryl Walker walkercv@udmercy.edu 313 993-1670

Name: _____ **UDM Email:** _____
Last First Middle

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

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

Date of Birth: _____ **Student ID# :** _____

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.

SIGNATURE OF STUDENT: _____ **DATE** _____