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
Nursing (Graduate and Undergraduate) – Attn: Jaclyn Burke burkejm@udmercy.edu 313-993-1542
Nurse Anesthesia – upload to your Typhon account
Health Services Administration – Attn: Munai Newash newashnt@udmercy.edu 313-993-1146
DNP and Physician Assistant – Attn: Rahima Ahmed ahmedra@udmercy.edu 313-578-0438
Health Information Management – Attn: Paula Strussione-Sumner pstrussi@udmercy.edu 313-578-0569

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 ____________________________