

CONFIDENTIAL EMERGENCY INFORMATION
for Student Residents of

ST. DUNSTAN'S

The Episcopal Church at Auburn University
136 East Magnolia Avenue+ Auburn, Alabama 36830

Date of Application _____

Full Name _____

Parents or Guardian _____

Home Address _____

City _____ State _____ Zip Code _____

Date of Birth _____ Soc. Sec. No. _____

Home Telephone Number with Area Code _____

Cell Telephone Number with Area Code _____

Church of Membership _____

City _____ State _____ Zip Code _____

Health Insurance Provider _____

Group or ID No. _____

Please list any drug allergies you may have: _____

Current medications now being taken on a regular basis: _____

Please attach a copy of your medical insurance card for our files in case of emergency.