



Washington Theological Union  
6896 Laurel Street NW  
Washington, DC 20012  
202-726-8800

**EMERGENCY CONTACT  
INFORMATION  
(Student)**

*This form is to be completed at the time of admission to the school and subsequently at the beginning of each academic year that the student is enrolled.*

**Student Information**

Name \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ Phone (H) \_\_\_\_\_

\_\_\_\_\_ (W) \_\_\_\_\_

Email \_\_\_\_\_ (C) \_\_\_\_\_

**Emergency Contact**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone (H) \_\_\_\_\_

\_\_\_\_\_ (W) \_\_\_\_\_

(C) \_\_\_\_\_

**Emergency Contact Alternate**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone (H) \_\_\_\_\_

\_\_\_\_\_ (W) \_\_\_\_\_

(C) \_\_\_\_\_

**ACKNOWLEDGEMENT:** *I understand that Washington Theological Union does NOT have trained staff to provide medical care in the case of an emergency. In the event that an emergency occurs, I understand that 911 will be called for triage and provision of care. I hereby request and authorize necessary emergency treatment to be administered by any physician, dentist, hospital, or other health care provider and I consent to emergency diagnosis and treatment. I understand that Washington Theological Union does not assume liability for any injury to myself or my property, and I waive and release Washington Theological Union and its employees from all liability for any personal injuries, illness, loss or damage to property.*

*I hereby affirm that I have valid health insurance coverage, and I agree to assume liability for any expenses incurred in my emergency and non-emergency medical diagnosis and treatment, including transportation and hospitalization.*

By entering my name in the box provided I am indicating that I have read and understand the Acknowledgement above, and such action shall constitute a legally binding signature under the United States E-Sign Act.

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