

# HEALTH SERVICES



Oakton Community College

1600 East Golf Road, Des Plaines, IL 60016 • 847-635-1885 • Fax 847-376-7010  
7701 North Lincoln Avenue, Skokie, IL 60077 • 847-635-1419

## Confidential Emergency Information Form

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Date \_\_\_\_\_

Name \_\_\_\_\_ Department \_\_\_\_\_

Campus  Des Plaines  Ray Hartstein  Both Supervisor \_\_\_\_\_

**Person(s) to be notified in an emergency: (Please list two in case your first choice cannot be reached.)**

1. \_\_\_\_\_  
Name Relationship  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
Home Phone (with area code) Work Cell Pager

2. \_\_\_\_\_  
Name Relationship  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
Home Phone (with area code) Work Cell Pager

**On campus, please contact:**

\_\_\_\_\_  
Name Department Office Phone Home Phone

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### INFORMATION BELOW TO BE USED BY HEALTH SERVICES

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Pertinent medical information which should be known if you are unable to communicate – medications, allergies, etc.

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

Physician Name \_\_\_\_\_ Phone number ( ) \_\_\_\_\_

Address \_\_\_\_\_

**Please return this completed form to Health Services, Room 1210, Des Plaines campus.**