



# Chaffey College

DISABILITY PROGRAMS AND SERVICES

## Emergency Contact Information

To allow Disability Programs and Services (DPS) to better assist students with emergency situations, please provide the names of individuals to contact in case of an emergency, your relationship to them and their telephone numbers, and medications you are currently taking.

**PLEASE PRINT**

STUDENT'S NAME: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### \*\*\*EMERGENCY CONTACTS\*\*\*

Person #1: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Person #2: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

### **MEDICAL INFORMATION:** (counselor to inquire)

#### MEDICATIONS

Name: \_\_\_\_\_ Purpose: \_\_\_\_\_

Name: \_\_\_\_\_ Purpose: \_\_\_\_\_

Name: \_\_\_\_\_ Purpose: \_\_\_\_\_

Regional Center Counselor: \_\_\_\_\_ Phone #: \_\_\_\_\_

Department of Rehabilitation Counselor: \_\_\_\_\_ Phone #: \_\_\_\_\_