

# **Field Emergency Contact, Medication, and Preferred Roommate Collection**

## **Personal Information**

- First Name
- Last Name
- Birthday
- Your cell phone number

## **Emergency Information**

- Emergency contact name
- Relationship to emergency contact
- Phone number of emergency contact
- Second emergency contact name
- Relationship to second emergency contact
- Phone number of second emergency contact
- Please list any medications you take
- Please list any allergies you have
- Please list any food allergies you have
- Do you have any dietary restrictions?
- Is there anything else?

## **Roommate and Van Assignments**

- What is your gender identity?
- What genders would you be comfortable sharing a room with?
- Is there anyone you would prefer to share a room with?
- Is there anyone you are NOT comfortable sharing a room with?
- Is there anyone you would prefer to share a van with?
- Is there anyone you are NOT comfortable sharing a van with?
- Is there anything else?