



Medical and Emergency Contact Form

Please complete the following form in its entirety prior to participation in Regis' Basecamp Weekend. Completed forms can be submitted to visitru@regis.edu.

Student Information

Student First & Last Name: _____

Student Email Address: _____

Student Phone: _____ - _____ - _____

Medical Information

Food Allergies: _____

Medical Conditions: _____

Medications Taken Regularly: _____

Insurance Company Name: _____

Insurance Policy Number: _____

Emergency Contact Information

Emergency Contact First & Last Name: _____

Emergency Contact Phone: _____ - _____ - _____

Relationship to Student: _____