



567 S Valley View Drive #9 | St. George, UT 84770 | 435.628.1150
www.zmc.edu

Emergency Contact Information

Personal Information

Name: _____ Nickname: _____

Address: _____

Home Phone: _____ Cell: _____

Please list the contact information of whom ZMC should contact in the event of an emergency.

Emergency Contact #1:

Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Emergency Contact #2:

Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Any medical information we need in case of an emergency:

Student/Employee/IC Signature

Date: