

**Michigan State University
Child Development Laboratories**

Staff/Student Information Form
*All information is confidential and kept on file
in the office in the event of an emergency involving your health.*

Section 1: Personal Information

Name: _____ DOB: _____

Local Address: _____

Permanent Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Section 2: Emergency Contacts

• Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Cell Phone: _____

• Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Cell Phone: _____

• Doctor's Name: _____

Address: _____

Phone: _____ Preferred Hospital: _____

Section 3: Medical Information (OPTIONAL)

Medical Conditions That May Require Treatment*: _____

Medication(s) (Type and Dosage): _____

*Please also complete a first aid action plan to be kept on file in the office