



NAME

In Case Of Emergency (ICE) Contact

Name: _____

Phone: _____

Address: _____

Email: _____

Personal Information

Phone: _____

Local Address: _____

Permanent Address: _____

Email: _____

Social Media: _____

Important Medical Info (Prescriptions, Allergies,
Funtional Needs, Etc.): _____

Emergency Locations

Designated Local Location To Meet Friends And Family
Off-Campus And Away From Home After An Emergency:

Designated Location To Meet Friends And Family Out-
Of-Town After An Emergency:

Local Severe Weather Shelter (Interior Room, Away
From Windows, Where Possible):

Permanent Home Severe Weather Shelter:

Out-Of-Town Contact

Name: _____

Phone: _____

Address: _____

Email: _____

**Other Information (Think Of Your Family,
Roommates, Pets, Banking, Or Extended Needs)**

Important Phone Numbers

TCU Police: **817-257-7777**

Local Police, Fire, Or Ems: **9-1-1**

Poison Control: **1-800-222-1222**

Water Utility Provider: _____

Electrical Utility Provider: _____

Gas Utility Provider: _____

Doctor: _____

Doctor: _____

Dentist: _____

Health Insurance: _____

Policy#: _____

Veterinarian: _____

Alt Transportation: _____

Other: _____

Other: _____