



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, Functional 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: _____