

## STUDENT AND EMERGENCY CONTACT FORM

DR. PAULINE B. WOOD HEALTH SERVICES

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**This should be completed directly online in the Patient Portal.**  
**If you complete the online form, you DO NOT need to print, complete, and upload this form.**

**Student Contact Information:**

College ID # \_\_\_\_\_ Student Cell Phone # **(REQUIRED)** \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
LAST FIRST M.I. MM/DD/YYYY

Home Address \_\_\_\_\_  
STREET CITY, STATE ZIP CODE

Home Phone Number \_\_\_\_\_  
PHONE # (INCLUDING AREA CODE)

Status: ☐ Full Time ☐ Part Time ☐ Undergraduate ☐ Graduate

Age \_\_\_\_\_ Place of Birth \_\_\_\_\_ Race \_\_\_\_\_

**Emergency Contact Information:**

Specify person to be notified in case of emergency: \_\_\_\_\_  
NAME

\_\_\_\_\_  
STREET CITY, STATE ZIP CODE

\_\_\_\_\_  
PHONE # (INCLUDING AREA CODE)

\_\_\_\_\_  
CELL PHONE # (INCLUDING AREA CODE)

Name of Primary Care Provider \_\_\_\_\_

Provider's Address \_\_\_\_\_  
STREET CITY, STATE ZIP CODE

Provider's Phone Number \_\_\_\_\_  
PHONE # (INCLUDING AREA CODE)