



EMERGENCY CONTACT/NEXT OF KIN FORM

Occasionally, if for example you are taken to hospital, we may need to contact a nominated responsible person very quickly: the information on this form is therefore essential. Please ensure this is someone who has agreed to be your contact and who speaks English. PLEASE DO NOT NOMINATE A FELLOW STUDENT AS YOUR EMERGENCY CONTACT.

Please complete this form and return it to the Dean’s Office.

Last name	
First name	
Date of birth	
Name of contact	
Relationship to you	
Address	
Mobile telephone number	
Other telephone number	
Email	

Your private doctor's name	
Doctor's address	
Doctor's telephone number	
Any medical conditions	
Any long term medication	
Doctor's telephone number	

Please bear in mind when identifying an appropriate Emergency Contact that if we are concerned about your safety/wellbeing or consider you to be at risk to yourself or others, we WILL contact this person.

NB: If your Emergency Contact is not your Next of Kin, please provide your Next of Kin details here:

Name	
Relationship to you	
Address	
Telephone number	

I authorize Riara University to contact the named person or persons in case of an emergency.

Name.....

Date.....

Signature.....