

U.S. MERCHANT MARINE ACADEMY
OFFICE OF HEALTH SERVICES
PATTEN HALL
300 STEAMBOAT ROAD
KINGS POINT, NY 11024-1699

EMERGENCY CONTACTS

PLEASE PROVIDE EMERGENCY CONTACTS BELOW. BY PROVIDING THIS INFORMATION, I AM AUTHORIZING THE OFFICE OF HEALTH SERVICES IN THE EVENT THAT I CANNOT SPEAK ON MY OWN BEHALF, TO NOTIFY THE EMERGENCY CONTACTS LISTED BELOW.

Signature of Plebe Candidate	Date	Signature of Parent/Legal Guardian for Minors	Date
Print Name	Print Name	Relationship to Plebe Candidate	

PLEBE CANDIDATE'S FULL NAME: _____

Last 4 SSN: _____

DATE OF BIRTH: _____

HOME STREET ADDRESS: _____

CITY, STATE: _____

ZIP: _____

EMERGENCY CONTACT NAME #1: _____

EMERGENCY CONTACT #1 CELL PHONE NUMBER: _____

EMERGENCY CONTACT NAME #2: _____

EMERGENCY CONTACT #2 CELL PHONE NUMBER: _____