

**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.**

<hr/>	<hr/>	<hr/>	<hr/>
Signature of Plebe Candidate	Date	Signature of Parent/Legal Guardian for Minors	Date
<hr/>		<hr/>	
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:**

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**EMERGENCY CONTACT #2 CELL PHONE NUMBER:**

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