



Inter American University of Puerto Rico  
San Germán Campus  
NSE & International Studies Program

**PERSONAL INFORMATION FORM AND  
AUTORIZATION FOR EMERGENCY MEDICAL TREATMENT**

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**I. EMERGENCY INFORMATION**

1. Name (Last, First and middle name) \_\_\_\_\_ 2. Age \_\_\_\_\_ 3. Social Security Number \_\_\_\_\_

4. Sex: \_\_\_ Female \_\_\_ Male

5. Marital Status: \_\_\_ Single \_\_\_ Divorced \_\_\_ Married \_\_\_ Widow(er)

6. Year at the University: \_\_\_ 1<sup>st</sup> \_\_\_ 2<sup>nd</sup> \_\_\_ 3<sup>rd</sup> \_\_\_ 4<sup>th</sup> \_\_\_ more than 4

7. Major \_\_\_\_\_

8. Nickname (If you have one) \_\_\_\_\_

9. Religion (Optional) \_\_\_\_\_

10. Nationality \_\_\_\_\_

11. Residential Address: \_\_\_\_\_  
\_\_\_\_\_

12. Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

13. Telephone Numbers in case of Emergencies:

During day time \_\_\_\_\_ During night time \_\_\_\_\_

Neighbor \_\_\_\_\_

14. Person to Notify (relationship): \_\_\_\_\_

15. Health Conditions (Specify): \_\_\_\_\_

16. Allergic to: \_\_\_\_\_ 17. Blood type: \_\_\_\_\_

18. Name of Father or Guardian \_\_\_\_\_ Telephone Number \_\_\_\_\_

Home Address \_\_\_\_\_

19. Name of Mother or Guardian \_\_\_\_\_ Telephone Number \_\_\_\_\_

Home Address \_\_\_\_\_

