

RISD DEPARTMENT OF PUBLIC SAFETY

Fusion Arts Exchange

Student Information Form

Return to:

Rhode Island School of Design
Department of Public Safety
Two College Street
Providence, RI 02903 USA
For more info: Call (401) 454.6376

Student Information

Name _____
Last First Cell Phone

Medical History

Have you ever had:	Yes	No	Yes	No	
Asthma	___	___	Heart Problems	___	___
Low Blood Pressure	___	___	Seizures	___	___
High Blood Pressure	___	___	Diabetes	___	___
Cancer	___	___			

Allergies: If yes, list _____

Other Allergies: If yes, list _____
(Food, medications, insects, etc)

If yes, do you carry a prescription? _____ Epi-pen ___ Ana-kit ___ Other _____

Are you currently taking any prescribed medications? Yes ___ No ___
If yes, list _____

Parent or Guardian

NAME _____
Last First

Relationship to Student _____

Address City Province Country Zip

Home Phone _____ Business Phone _____ Cell Phone _____

Pager/Fax w/ area code _____

Emergency Contact Information (Other than Parent or Guardian)

Name _____
Last First Relationship to student

Home Phone _____ Business Phone _____ Cell Phone _____

Fax/Pager w/ area code _____