



**MEDICAL RESPONSE PLAN**

**Effective Date:** \_\_\_\_\_ **Review/Termination Date:** \_\_\_\_\_

**Applicant Name:** \_\_\_\_\_ **Student ID#:** \_\_\_\_\_  
Last First MI

**Residence Building:** \_\_\_\_\_ **Room** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

**INSTRUCTIONS SPECIFIC TO MY MEDICAL CONDITION:**

1. Type of Medical Disorder \_\_\_\_\_
2. Medications taken: \_\_\_\_\_
3. Medication location: \_\_\_\_\_

4. Symptoms/Manifestations:

|                |   |
|----------------|---|
| Mild/Moderate: | Severe/Emergency Level:   |
|                |   |
| Response:      | "Ecmn"Rctc o gfkeu<br>"Vtcurqtv"vq"o gti gpe{"tqq o<br>"Qvjgt"<br>_____ |

5. Preferred local \_\_\_\_\_
6. Friend to call \_\_\_\_\_  
Name Rjqpg
7. Family to notify \_\_\_\_\_  
Name Rjqpg

K"ikxg" o {"rgtokuukp"vq"tgngcug"vjg"kphtocvkqp"rtqxkfgf"cdqxx"vq"Oguukj"Wpkxgtukv{ Department of Safety, Tgukfgpeg"Nkhg."Gping"Egpygt."cpf"hcwv{"kp"yjqug"encuugu"K"co"tgikuygtgf0"K"wpfgtuvcpf"vjcv"ogti gpe{"ogfkecn" assistance ma{"dg"uw o oqpgf"d{"Oguukj"Wpkxgtukv{ personnel cpf"ci tgg"vq"dg"hwinn{"tgurqpukdng"ht"vjg"equv"qh"uwej" assistance. **I am aware that I may refuse emergency medical assistance after it has arrived.** K"tgngcug"Oguukj" Wpkxgtukv{."kvu"go rnk{ggg."qhhkegt"cpf"vtwuvvggu."htq o "cm"nkcdknkv{"hqt"klwt{"qt"nquu"y jkej"K"oc{"uwhtgt"cu"c"tguwnv"qh"o {" jgcnvj"eqpfkvkqp.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent (if applicant is under 18) \_\_\_\_\_

Distribution:

|              |                |                     |                    |
|--------------|----------------|---------------------|--------------------|
| Applicant    | Dept of Safety | Disability Services | Residence Director |
| Gping"Egpygt | Residence Life | Gogti gpe{"Flurcvej |                    |

