

# MVCC Personal Medical Emergency Plan (PMEP)

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The completion of this Personal Medical Emergency Plan (PMEP) form is optional and will be maintained by the MVCC Health Center (ACC 104) and a copy at the Office of Accessibility Resources (PH 104H). The information contained herein will only be shared in the event of an emergency and only with emergency and/or medical personnel to determine appropriate medical response. Individuals are encouraged to share information with reliable people in their classes, residence hall or work area about their need for assistance during an emergency situation.

This form does not serve as an accommodation request. All accommodation requests must begin with and are determined by the Office of Accessibility Resources for students, Human Resources for staff.

## Personal Contact

Name:  Birth date:  M #:

Address:  Home Phone:

Cell Phone:

## Emergency Contact

Name:  Home Phone:

Address:  Cell Phone:

Work Phone:

Relationship:

## Primary Insurance Information

Insurance Company:  Policy #:

Verification phone #:

Name of policy holder:  Relationship:

## Secondary Insurance Information

Insurance Company:  Policy #:

Verification phone #:

Name of policy holder:  Relationship:

## Medical Information

Medications currently taking:

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List all medical conditions – Allergies – Diseases – Dietary Restrictions etc.:

List Instructions or additional information: (include any special medical or personal information you would want an emergency care provider to know)

## Name and address of physicians and pertinent health care providers

Primary Care:  Phone number:

Name:  Phone number:

Name:  Phone number:

Preferred Local Hospital:

I authorize MVCC Campus Security, Health Services, and/or Office of Accessibility to release the information above to emergency personnel in an emergency.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

MVCC Staff: \_\_\_\_\_ Date: \_\_\_\_\_

Signature or Parent or Guardian if student or participant in College activity is a minor

Signature: \_\_\_\_\_ Date \_\_\_\_\_

This authorization is effective during any time period for which you are a registered student. PMEP's should be dated and reviewed periodically.

Review Date: \_\_\_\_\_ Signature: \_\_\_\_\_

MVCC Staff: \_\_\_\_\_

Review Date: \_\_\_\_\_ Signature: \_\_\_\_\_

MVCC Staff: \_\_\_\_\_

\*It is the student's responsibility to provide the MVCC Health Center and/or Office of Accessibility with any updates or changes to this information.

**In case of emergency on campus Dial 5777 for Campus Security**