



PIEDMONT INTERNATIONAL UNIVERSITY

420 S. Broad Street • Winston-Salem • North Carolina • 27101
(800) 937-5097 www.PiedmontU.edu Fax (336) 725-5522

Medical Emergency Information For School Year 2018 - 2019

Medical Insurance:

Provider: _____

Subscriber Name: _____

Subscriber ID: _____ Effective Date ____/____/____

I do not have medical insurance

Medical Emergency Contact: *In case of a medical emergency who would you like Piedmont to contact?*

Name: Relationship to you: _____

Phone #: (____) _____ Email: _____

I do not have a medical emergency contact

Student's Signature: _____ Date ____/____/____

Student' Printed Name: _____

Parent's Signature: _____ Date ____/____/____

(Only if student is under 18)



Campus Emergency Notification For School Year 2018 - 2019

Campus wide Emergency Text Notification System: *To receive mass text message notifications of campus wide emergencies, please provide your cell phone number*

Cell Phone #1: (____) _____ Cell Phone #2: (____) _____

Student's Signature: _____ Date ____/____/____

Student' Printed Name: _____

Parent's Signature: _____ Date ____/____/____

(Only if student is under 18)