LAKE FOREST COLLEGE EMERGENCY INFORMATION

Must be filled out completely prior to first day of practice.

Name	Date of Birth		Age
School Address	Box#	Phone	
Social Security #	Parent/Guardian Na	nme	
Home Address			
	State Zip		
Home Phone	Work Phone		
In Case of Emergency Contact (if no answer a	bove):		
Name	Relationship		Phone
Insurance Company		Check one: ☐ HMO	□ PPO □ POS
Policy/Subscriber #	Group # _		
Policy Holder's Social Security #	Date of Birth		
Known Allergies/Chronic Illness			
Insurance Address	Phone		
	LAKE FOREST COLLEG		
	IERGENCY INFORMAT filled out completely prior to first day		
Name			Aσe
School Address_			
	Parent/Guardian Name		
Home Address			
City			
Home Phone			
In Case of Emergency Contact (if no answer a			
	Relationship		Phone
Insurance Company	ī	Check one: □ HMO	
Policy/Subscriber #	Group # _		
Policy Holder's Social Security #	Date of Birth		
Known Allergies/Chronic Illness			
Insurance Address	P	hone	