

**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 Name _____

Home Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

In Case of Emergency Contact (if no answer above):

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 _____

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