STUDENT EMERGENCY INFORMATION FORM

NAME:	(Last)	(First)		(MI)	(Date of Birth)	(Age)	
	L	IST PERSONS TO) BE CONTAC	TED IN CA	SE OF EMERO	GENCY	
Contact Name			Telephone #'s		P.ol	ationship	
Contact Name	e	reiephone # s			Kei	ationship	
		(Home)	(Work)	(Cell)			<u> </u>
		(Home)	(Work)	(Cell)		
ALLERGIES ((drugs, food, envi	ronmental):					
MEDICAL CO	ONDITIONS (ex.	diabetes):					
By signing thi mergency pe	is I give permissi rson listed above	on to LRCC to con in case of an emerg	tact the gency.				
Signature				Date Signed			