

STUDENT EMERGENCY INFORMATION FORM

STUDENT _____
NAME: (Last) (First) (MI) (Date of Birth) (Age)

LIST PERSONS TO BE CONTACTED IN CASE OF EMERGENCY

Contact Name	Telephone #'s			Relationship
_____	(Home)	(Work)	(Cell)	_____
_____	(Home)	(Work)	(Cell)	_____

ALLERGIES (drugs, food, environmental): _____

MEDICAL CONDITIONS (ex. diabetes): _____

By signing this I give permission to LRCC to contact the emergency person listed above in case of an emergency.

Signature

Date Signed