

**LAKE ERIE COLLEGE – VARSITY ATHLETICS
EMERGENCY MEDICAL INFORMATION: 2008-2009**

Name _____ Sport _____

Date of Birth ____/____/____ Social Security # _____ - _____ - _____

Campus Address _____

e-mail: _____

Campus Phone # (____) _____ - _____ Cell Phone # (____) _____ - _____

Home Address: _____ City: _____ State: ____ Zip Code: _____

Parent/Guardian Name(s): _____

Home Phone # (____) _____ - _____ Alt. Phone # (____) _____ - _____

In Case of an emergency, contact: _____

His/Her Relationship to you: _____

Home Phone # (____) _____ - _____ Cell Phone # (____) _____ - _____

Known health problems: _____

Known allergies: _____

Current medications: _____

Insurance Company: _____

Policy # _____ Group # _____ Plan # _____

Athlete's Signature: _____ Date: _____