

ARC FLC
CRC SCC

LOS RIOS COMMUNITY COLLEGE DISTRICT
EMERGENCY INFORMATION

DATE: _____

SPORT: _____

NAME: _____ PHONE: _____
(LAST) (FIRST)

ADDRESS: _____
(City) (State) (Zip Code)

DATE OF BIRTH: _____ AGE: _____ SEX: M F

Student I.D.#

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IN CASE OF EMERGENCY, CONTACT: (At least one family member **MUST** be listed)

1. _____ Relationship to Student: _____ PHONE: (Home) _____
(Work) _____
(Cell) _____

2. _____ Relationship to Student: _____ PHONE: (Home) _____
(Work) _____
(Cell) _____

FAMILY DOCTOR: _____ PHONE: _____

KNOWN MEDICAL PROBLEMS/ALLERGIES: _____

IDENTIFY ANY CURRENT MEDICATIONS: _____

MEDICAL INSURANCE: _____ POLICY # _____

CHECK BOX IF YOU HAVE NO INSURANCE.

G.S. Form #43/Rev.7/2010

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