

INSURANCE AND EMERGENCY INFORMATION

Please fill in every line. If necessary, write N/A for Not Applicable.

Parents' Medical/Hospitalization Carrier (give name of insurance company, not agent):

_____ Policy Number _____

Family Physician _____

_____ () _____ () _____
Office Address Office Phone Home Phone

Preferred Lubbock Physician (optional) _____

_____ () _____ () _____
Office Address Office Phone Home Phone

IN CASE OF EMERGENCY CONTACT:

Parent/Guardian Address City/State Zip Code

() _____ () _____
Home Phone Office Phone

If the above cannot be contacted, call (list at least two):

1) _____
Name Address City/State/Zip

() _____ () _____
Home Phone Office Phone Relationship to participant

2) _____
Name Address City/State/Zip

() _____ () _____
Home Phone Office Phone Relationship to participant

3) _____
Name Address City/State/Zip

() _____ () _____
Home Phone Office Phone Relationship to participant