

# LCCC Student Life Emergency Information Form

## Participant Information

Name:	Address City State Zip:
Date:	Phone

## Emergency Contact Information:

Name:	Alternate Phone Number:
Phone:	

## Alternate Contact

Name:	Alternate Phone Number:
Phone:	

## Medical Information

Doctors Name:	Fax:
Phone:	

## Known Allergies to medications:

## Medications Currently Taking:

## Known Medical Conditions:

I understand that this form will be used only in the case of an Emergency. I authorize the use of this information in order to secure proper medical attention.

Signature:	Date:
Print Name:	