

EMERGENCY INFORMATION FOR COLLEGE ACTIVITY

Required for all attendees of trip

Participant's

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ People Soft ID: \_\_\_\_\_  
E-Mail: \_\_\_\_\_ Or SS#: \_\_\_\_\_

Emergency Contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Pager: \_\_\_\_\_

Physician/Clinic/HMO:

Name: \_\_\_\_\_  
Phone: \_\_\_\_\_

Health Insurance Information [or attach copy (front and back) of insurance card]:

Company: \_\_\_\_\_ Phone  
Number: \_\_\_\_\_  
Policy Number: \_\_\_\_\_ Group  
Number: \_\_\_\_\_

Name of Insured: \_\_\_\_\_

Special health conditions, medical alert, allergies, contact lens wearer, etc.:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If driving my personal vehicle, I understand that I am liable for all damages and injuries incurred by any and all occupants of my vehicle. \_\_\_\_\_

I have read, understand, and agree to abide by the "Lee College Policies Regarding Student Conduct" as outlined on pages 131-132 if the 2004-2005 Lee College catalog. \_\_\_\_\_

In case of accident or emergency where I am incapable of making medical decisions, I release my care to the sponsor in charge.

Signature: \_\_\_\_\_

Print  
Name: \_\_\_\_\_

Signature of Parent or Guardian (if  
minor): \_\_\_\_\_

Print  
Name: \_\_\_\_\_

Copies (include with travel request form):

- Dean's Office
- Security
- Sponsor (Original Copy)
- Division Office