

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