

EMERGENCY CARD
Must be completed for application to be accepted.

Child's Name _____ **Birth Date** _____

Address _____ **Home Phone** _____

City _____ **State** _____ **Zip** _____

Parent 1 Name _____ **Parent 2 Name** _____

Cell Phone _____ **Cell Phone** _____

Person other than parents to be notified in an emergency when the parents are not available.

Name _____ **Relationship** _____

Cell Phone _____

Person(s) other than parents to whom the child may be released.

Name _____ **Relationship** _____

Name _____ **Relationship** _____

Child's Specific Medical Information

Allergies _____

Medication _____ **Frequency** _____

Medication _____ **Frequency** _____

Medication _____ **Frequency** _____

Other _____

Physician _____ **Phone #** _____

Address _____

Health Insurance Company _____

(Please send a copy of the insurance card along with this form.)

Policy Holder _____ **Policy #** _____

Address _____ **Phone** _____

I hereby give permission to Colorado State University to secure emergency medical and/or surgical treatment for the above named minor child while in the care of the above named school. All expenses of such care will be accepted by the parents or legal guardians of the above named minor child.

Signature of parent or legal guardian

Date