

| EMERGENCY INFORMATION (Insurance/Physician Information, Emergency Contacts, Minor Consents) | | | | |
|--------------------------------------------------------------------------------------------------------------|---------------------------------------------|------------------------------------------------------|---------------------------------------|-----------------------|
| Name <i>(Last, First, Middle)</i> | | Grade | CAPID | Charter Number |
| Mailing Address <i>(Number and Street)</i> | | City | State | Zip Code |
| <i>(Area Code)</i> Home Phone | | <i>(Area Code)</i> Cell Phone | | |
| Primary Insurance Information <i>(Please attach copy of insurance cards, front and back)</i> | | | | |
| Medical Insurance Company | Policy Number | Group Code/Number | Co-Pay Amount \$ | |
| Prescription Coverage Company | Policy Number | Group Code/Number | Co-Pay Amount \$ | |
| Family Physician | | | | |
| Name | | | <i>(Area Code)</i> Phone | |
| Mailing Address <i>(Number and Street)</i> | | City | State | Zip Code |
| Emergency Contact <i>(Parent, guardian or closest relative to be notified in case of emergency)</i> | | | | |
| Name | | | Relationship to Applicant | |
| Mailing Address <i>(Number and Street)</i> | | City | State | Zip Code |
| <i>(Area Code)</i> Pager | <i>(Area Code)</i> Cell/Mobile Phone | <i>(Area Code)</i> Day Phone | <i>(Area Code)</i> Night Phone | |
| Unit Commander Name and Grade | | Unit Name | | |
| <i>(Area Code)</i> Unit Commander Day Phone | | <i>(Area Code)</i> Unit Commander Night Phone | | |