

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