

# LENOIR-RHYNE UNIVERSITY

## KIDS IN COLLEGE

Child's Name \_\_\_\_\_

Birthday (mo/day/yr) \_\_\_\_\_ Rising Grade \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone  
Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

Other individuals allowed to pick up my child:

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### MEDICAL INFORMATION (COMPLETION REQUIRED)

Emergency Contact: (In case parent/guardian cannot be reached)

\_\_\_\_\_

Phone Numbers:  
Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Health/Accident Insurance:  
Company \_\_\_\_\_  
Policy Number \_\_\_\_\_

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

Doctor \_\_\_\_\_ Phone No. \_\_\_\_\_

Hospital Preferred \_\_\_\_\_

**Currently on any medications?** If so, please list and describe schedule for emergency administration. Include any asthma or allergy medications. If there are medications that must be administered by LRU staff, written directions must be sent.

**Allergies** \_\_\_\_\_

**Medications** \_\_\_\_\_

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