

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:

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 _____
