Moorpark College Athletics **Emergency Information Card**

ID #:		Birth D	Date:	
Name:			Cell Phone #: ()	
Address:Street	City	Zip	Home Phone # ()	
In Case of Emergency Notify:			Relationship:	
Address:			Phone # ()	
Insurance Company Name:			Insurance Phone #:()	
Policy Holder:	Policy #:		PPO / HMO / Other ()
Personal Physician:	Phy	rsician Pho	ne #:	
List of Drug Allergies:				
List of Medical Problems:		_		
List of Medications Taking:				
ID #:	Emergency Inf		Date:	
Name:	_		Cell Phone #: ()	
Address:Street	City	Zip	Home Phone # ()	
In Case of Emergency Notify:			Relationship:	
Address:			Phone # ()	
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