



COLBURN SCHOOL
GUEST EMERGENCY CARD
Confidential Information
Please Print

Last Name	First Name	Middle Initial
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Suite / Room#	Mobile Phone #
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E-mail Address	Colburn E-mail Address (if you have one)
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Date of Birth (MM/DD/YEAR)	If under 18, Parent / Guardian Name(s)
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Vehicle at Colburn YES NO	Color / Make / Model	Tag State / Number
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Emergency Contact #1 – Name / Telephone Number / City & State
Emergency Contact #2 – Name / Telephone Number / City & State

Medical Insurance Policy Number	Primary Care Physician Name & Telephone Number
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Are you taking regular medications? YES NO	List name of medication(s) & frequency
Are you allergic to any medications? YES NO	List name of medication(s) you are allergic to

Other allergies and/or medical conditions (describe in detail)
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