Oxnard College Athletics

Emergency Information Card

ID #: _____ Birth Date: _____

Name: _____ Cell Phone #: (____) _____

Address: _____ Home Phone # (____) _____
Street City Zip

In Case of Emergency Notify: _____ Relationship: _____

Address: _____ Phone # (____) _____

Insurance Company Name: _____ Insurance Phone #:(____)_____

Policy Holder: _____ Policy #: _____ PPO / HMO / Other (_____)

Personal Physician: _____ Physician Phone #: _____

List of Drug Allergies: _____

List of Medical Problems: _____

List of Medications Taking: _____

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