

| <b>EMERGENCY INFORMATION</b><br><b>(Insurance/Physician Information, Emergency Contacts, Minor Consents)</b> |   |  |                                       |                                     |
|--|---|--|---------------------------------------|-------------------------------------|
| <b>Name</b> <i>(Last, First, Middle)</i>   |   | <b>Grade</b>   | <b>CAPID</b>                          | <b>Charter Number</b><br>PCR-AK-093 |
| <b>Mailing Address</b> <i>(Number and Street)</i>  |   | <b>City</b>  | <b>State</b>                          | <b>Zip Code</b>                     |
| <i>(Area Code)</i> <b>Home Phone</b><br>Best#:   |   | <i>(Area Code)</i> <b>Cell Phone</b>                                   |                                       |                                     |
| <b>Primary Insurance Information</b> <i>(Please attach copy of insurance cards, front and back)</i>          |   |  |                                       |                                     |
| <b>Medical Insurance Company</b>   | <b>Policy Number</b>                        | <b>Group Code/Number</b>   | <b>Co-Pay Amount</b><br>\$            |                                     |
| <b>Prescription Coverage Company</b>   | <b>Policy Number</b>                        | <b>Group Code/Number</b>   | <b>Co-Pay Amount</b><br>\$            |                                     |
| <b>Family Physician</b>  |   |  |                                       |                                     |
| <b>Name</b>  |   |  | <i>(Area Code)</i> <b>Phone</b>       |                                     |
| <b>Mailing Address</b> <i>(Number and Street)</i>  |   | <b>City</b>  | <b>State</b>                          | <b>Zip Code</b>                     |
| <b>Emergency Contact</b> <i>(Parent, guardian or closest relative to be notified in case of emergency)</i>   |   |  |                                       |                                     |
| <b>Name</b>  |   |  | <b>Relationship to Applicant</b>      |                                     |
| <b>Mailing Address</b> <i>(Number and Street)</i>  |   | <b>City</b>  | <b>State</b>                          | <b>Zip Code</b>                     |
| <i>(Area Code)</i> <b>Pager</b>  | <i>(Area Code)</i> <b>Cell/Mobile Phone</b> | <i>(Area Code)</i> <b>Day Phone</b>                                    | <i>(Area Code)</i> <b>Night Phone</b> |                                     |
| <b>Unit Commander Name and Grade</b><br>1st Lt Mark Ransom   |   | <b>Unit Name</b><br>Lake Hood Cadet Squadron                           |                                       |                                     |
| <i>(Area Code)</i> <b>Unit Commander Day Phone</b><br>(907) 360-6424   |   | <i>(Area Code)</i> <b>Unit Commander Night Phone</b><br>(907) 360-6424 |                                       |                                     |