

SUNY CORTLAND
RAQUETTE LAKE OUTDOOR EDUCATION CENTER
Health Information Form

NAME (First, MI, Last) _____

HOME ADDRESS _____

CITY, STATE, ZIP _____

PRIMARY PHONE _____ ALT. PHONE _____

EMAIL ADDRESS _____

INSURANCE CO. AND POLICY # _____

EMERGENCY CONTACT NAME _____

PHONE NUMBERS (1) _____ (2) _____

ALLERGIES (Food, drugs, environmental) _____

CURRENT MEDICATIONS _____

RECENT SURGERIES OR OTHER MEDICAL CONCERNS _____

DIETARY RESTRICTIONS _____