

EMERGENCY INFORMATION CARD

Athlete's name _____

Address _____

Phone _____ S.S.# _____

Sport _____

List two persons to contact in case of emergency:

Parent/Guardians name _____ Home phone _____

Address _____ Work phone _____

Second Contact _____ Home phone _____

Address _____ Work phone _____

Relationship to athlete _____

Insurance Co. _____ Policy # _____

Physician's name _____ Phone _____

IMPORTANT

Are you allergic to any drugs? _____ If so, what? _____

Do you have any other allergies? (e.g. bee sting, dust) _____

Do you have ___ asthma ___ diabetes, or _____ epilepsy? (Check any that apply)

Are you on any medication? _____ If so, what? _____

Do you wear contacts? _____

Other: _____

Signature _____ Date _____