

EMERGENCY INFORMATION CARD

Athlete's name _____ Age _____

Address _____

Phone _____ SS# _____

Two persons to contact in case of emergency:

Parent's name _____ Home Phone _____

Address _____ Work Phone _____

Second person's name _____ Home Phone _____

Address _____ Work Phone _____

Relationship to athlete _____

Insurance company _____ Policy # _____

Physician's name _____ Phone _____

IMPORTANT

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

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

Do you suffer from _____ asthma, _____ diabetes, _____ epilepsy?

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

Do you wear contacts? _____

Other:

Signature _____ Date _____