

## Emergency Information Card

Athlete's Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Sport \_\_\_\_\_

List two persons to contact in case of emergency:

Parent or Guardian's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ Work Phone \_\_\_\_\_

Second Person's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ Work Phone \_\_\_\_\_

Relationship to Athlete \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Are you allergic to any drugs? \_\_\_\_\_ Is so, what? \_\_\_\_\_

Do you have any allergies (e.g., bee stings or dust) ? \_\_\_\_\_

Please check any of the following that that apply:

Do you have asthma \_\_\_\_\_ diabetes \_\_\_\_\_ epilepsy \_\_\_\_\_

Do you take medications? \_\_\_\_\_ If so, what? \_\_\_\_\_

Do you wear contact lenses? \_\_\_\_\_

Other \_\_\_\_\_

Signature \_\_\_\_\_