

Emergency Information Card

Athlete's name: _____ Sport: _____

Age: _____

S.S. #: _____

Address: _____

Phone: _____

Provide information for parent or guardian and one additional contact in case of emergency.

Parent's or guardian's name: _____

Address: _____

Phone: _____

Other phone: _____

Additional contact's name: _____

Relationship to athlete: _____

Address: _____

Phone: _____

Other phone: _____

Insurance Information

Name of insurance company: _____

Policy name and number: _____

Medical Information

Physician's name: _____

Phone: _____

Is your child allergic to any drugs? Yes No

If so, what? _____

Does your child have any other allergies (e.g., bee stings, dust)? _____

Does your child have any of the following? *asthma diabetes epilepsy*

Is your child currently taking medication? Yes No

If so, what? _____

Does your child wear contact lenses? Yes No

Is there additional information we should know about your child's health or physical condition?

Yes No

If yes, please explain: _____

Parent's or guardian's signature: _____ Date: _____