



## Emergency Information Card

Athlete's name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Sport \_\_\_\_\_

List two persons to contact in case of emergency:

Parent's or guardian's name \_\_\_\_\_ Home phone \_\_\_\_\_

Address \_\_\_\_\_ Work phone \_\_\_\_\_

Second person's name \_\_\_\_\_ Home phone \_\_\_\_\_

Address \_\_\_\_\_ Work phone \_\_\_\_\_

Relationship to athlete \_\_\_\_\_

Insurance co. \_\_\_\_\_ Policy no. \_\_\_\_\_

Physician's name \_\_\_\_\_ Phone \_\_\_\_\_

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

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

Do you have \_\_\_ asthma, \_\_\_ diabetes, or \_\_\_ epilepsy? (Check any that apply)

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

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

Other \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

