

# EMERGENCY INFORMATION SHEET

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

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ S.S. # \_\_\_\_\_

Sport: \_\_\_\_\_

List two persons to contact in case of Emergency:

Parent or guardian: \_\_\_\_\_ Home Phone: \_\_\_\_\_

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

Relationship: \_\_\_\_\_

Second person: \_\_\_\_\_ Home Phone: \_\_\_\_\_

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

Relationship: \_\_\_\_\_

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

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 medication? \_\_\_\_\_ If so, what? \_\_\_\_\_

Do you wear contacts? \_\_\_\_\_

Other: \_\_\_\_\_

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