

## Athlete's Emergency Information Form

Athlete's Name: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Parent or Guardian's Name(s): \_\_\_\_\_

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

Home Telephone Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Parent or Guardian's Work Telephone Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

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

Emergency Contact Name: \_\_\_\_\_ Telephone Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Alternate Contact Name: \_\_\_\_\_ Telephone Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Family Physician: \_\_\_\_\_ Telephone Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Medical History (diabetes, epilepsy, asthma, etc.):

\_\_\_\_\_

Allergies (bee/wasp stings, candy/food, including medication):

\_\_\_\_\_

Medications Currently Taking:

\_\_\_\_\_

### Insurance Information

Insurance Company: \_\_\_\_\_

Insurance Company Telephone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Policy Number: \_\_\_\_\_

Identification Number: \_\_\_\_\_

Policy Holder: \_\_\_\_\_

Employer: \_\_\_\_\_

Updated 11/10/08