

# Athlete's Emergency Information Form

Athlete's Name

Male

Female

Date of Birth

Parent or Guardian's Name(s):

Home Address:

Home Phone Number

Work Phone Number

Other Phone (1)

Other Phone (2)

E-mail Address:

Emergency Contact:

Name

Phone Number

Alternate Contact:

Name

Phone Number

Family Physician:

Name

Phone 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

Group Number

Identification Number

Policy Holder

Employer