

# Emergency Information Card

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

Address \_\_\_\_\_

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

Sport \_\_\_\_\_

List two persons to contact in case of emergency:

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

Address \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Second person's name \_\_\_\_\_

Address \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

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

Insurance co. \_\_\_\_\_ Policy # \_\_\_\_\_

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

## IMPORTANT

Is your child allergic to any drugs? \_\_\_\_\_ If so, what? \_\_\_\_\_

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

Does your child suffer from \_\_\_\_\_ asthma, \_\_\_\_\_ diabetes, or \_\_\_\_\_ epilepsy?

Is your child on any medication? \_\_\_\_\_ If so, what? \_\_\_\_\_

Does your child wear contacts? \_\_\_\_\_

Is there anything else we should know about your child's health or physical condition? If yes, please explain. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_