

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 _____