

Sample Information Card (4 x 6 Index Card)

Full Name: _____ Home Phone: _____

Street Address: _____

City: _____ ST: _____ Zip: _____

Mother: _____ Day Phone: _____

Father: _____ Day Phone: _____

Other Emergency Number: _____

Allergies: _____

Previous Injuries: _____

Family Doctor: _____ Day Phone: _____

Insurance Policy & Number: _____ HMO/ PPO: _____

(for use by coach only) _____

Copy of Insurance Policy on File: Yes No

Copy of Medical Release on File: Yes No