

EMERGENCY INFORMATION SHEET

Athlete's name: _____ Age: _____

Address: _____

Phone: _____ S.S. # _____

Sport: _____

List two persons to contact in case of Emergency:

Parent or guardian: _____ Home Phone: _____

Address: _____ Work Phone: _____

Relationship: _____

Second person: _____ Home Phone: _____

Address: _____ Work Phone: _____

Relationship: _____

Insurance Company: _____ Policy Number: _____

Physician's Name: _____ Phone: _____

Important

Are you allergic to any drugs? _____ If so, what? _____

Do you have any other allergies? (i.e., bee sting, dust): _____

Do you suffer from: _____ Asthma _____ Diabetes _____ Epilepsy

Are you on medication? _____ If so, what? _____

Do you wear contacts? _____

Other: _____

Signature: _____ Date: _____