

Athletes Emergency Information

Athletes Name: _____ Male ___ Female ___

Date of Birth: ____ / ____ / ____

Parent or Guardian's Name(s): _____

Home Address: _____

Home Telephone Number: _____

Work Telephone Number: _____

Emergency Contact Name: _____

Phone: _____

Alternate Contact Name: _____

Phone: _____

Family Physician Name: _____

Phone: _____

Medical History (diabetes, epilepsy, asthma, etc.): _____

Allergies (bee/wasp stings, candy/food, medications): _____

Medications Currently Taking: _____

Insurance Information

Insurance Company _____

Insurance Company Phone Number _____

Policy Number _____

Group Number _____

Identification Number _____

Policy Holder _____

Social Security Number _____

Employer _____