

# 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 \_\_\_\_\_