

2006-2007

Emergency Information Card

DOB _____
Name _____ Sport _____
College Address _____ Phone () _____
Home Address _____ Phone () _____
_____ S.S.# _____

Father/Guardian _____

Address _____ Phone () _____

Employer _____

Medical Insurance Co. _____ Policy# _____

Mother/Guardian _____

Address _____ Phone () _____

Employer _____

Medical Insurance Co. _____ Policy# _____

Medical Conditions: _____

Allergies: _____

Medications: _____

Another person to contact: _____

Relationship to you: _____

Phone () _____

Consent Statement: Authorizing Treatment

Parent's Signature _____ Date _____

Student's Signature _____ Date _____
(if over 18 years of age)