

## Athlete's Emergency Information Form 2011-2012

Name: \_\_\_\_\_ **Male** **Female**

Date of Birth: \_\_\_/\_\_\_/\_\_\_\_\_

Parents' Names: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Telephone # : \_\_\_\_\_

**Father** Work: \_\_\_\_\_ Cell: \_\_\_\_\_

**Mother** Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Emergency/Alternate Contact Name: \_\_\_\_\_

Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Family Physician: \_\_\_\_\_ - Office phone #: \_\_\_\_\_

Medical History: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medications currently taking: \_\_\_\_\_

### Insurance Information

Insurance Company: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Policy #: \_\_\_\_\_

Group Number: \_\_\_\_\_

ID #: \_\_\_\_\_

Policyholder: \_\_\_\_\_

Employer: \_\_\_\_\_