



Athlete Information & Emergency Card

Sports Medicine

(Please Print)

Athlete's Name: _____ Date of Birth: _____ Age: _____

Gender: _____ Sport (s): _____ Student ID: _____

Address: _____ City: _____ State: TX Zip: _____

Cell Phone: _____ Email: _____

Parent/Guardian: _____ Relationship: _____ Living with ___ Yes ___ No Address: _____ City: _____ State: _____ Zip: _____ Home Phone: _____ Work Phone: _____ Cell Phone: _____ Email: _____	Parent/Guardian: _____ Relationship: _____ Living with ___ Yes ___ No Address: _____ City: _____ State: _____ Zip: _____ Home Phone: _____ Work Phone: _____ Cell Phone: _____ Email: _____
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Name of person living **close by** who can be contacted in case of emergency:

Name: _____ Relation: _____ Phone: _____

PRIVATE (PRIMARY) INSURANCE

Insurance Company Name: _____ Pre-Authorization Phone #: _____

Name of Insured: _____

Group #: _____ Policy #: _____ Other #: _____

Family Doctor : _____ Phone #: _____

HEALTH HISTORY

Asthma: Yes No Diabetes: Yes No Seizures: Yes No High Blood Pressure: Yes No

Other Medical Conditions: _____

Known Allergies (drug, food, insect, etc): _____

Medications Currently Taking (inhaler, insulin, etc): _____

Parent Signature: _____ Date: _____