

Emergency Card

Athlete's Name:		
Last	MI	First
Birth Date: / /		Home Telephone
Address:		City ST
SSN		
Insurance Company		Group #
Certificate #		Insurance Type
Employer of Policy Holder	Policy Holder	Policy Holder ID
Doctor's Name (1st choice)	City	Dr's Phone
Doctor's Name (2nd choice)	City	Dr's Phone
Dentist	City	Dentist Phone
In case of emergency, call first:	City	Phone
Father/Guardian	Home Telephone #	
Employer	Work Telephone #	
Mother/Guardian	Home Telephone #	
Employer	Work Telephone #	
Emergency Contact (in case parent can't be reached)	Emergency Contact Telephone #	