

**UNIVERSITY OF SAN DIEGO SPORTS CLUB EMERGENCY INFORMATION**

Name of Athlete: \_\_\_\_\_ Sport: \_\_\_\_\_  
D.O.B. \_\_\_\_\_ AGE: \_\_\_\_\_ Student I.D. \_\_\_\_\_  
Home Address: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_  
\_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_  
School Address: \_\_\_\_\_  
\_\_\_\_\_

**EMERGENCY CONTACT**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Number: ( ) \_\_\_\_\_ Cell number: ( ) \_\_\_\_\_  
Work Number: ( ) \_\_\_\_\_

**MEDICAL INFORMATION**

Are you allergic to any medicine? YES / NO  
(if yes please list all)

Do you have any other allergies? YES / NO  
(if yes please list)

**HAVE YOU HAD OR HAVE ANY OF THE FOLLOWING?**

|                     |        |                    |        |
|---------------------|--------|--------------------|--------|
| CORRECTIVE LENSES   | YES/NO | SICKLE CELL ANEMIA | YES/NO |
| ASTHMA              | YES/NO | DIABETES           | YES/NO |
| EPILEPSY            | YES/NO | SEVERE CONCUSSION  | YES/NO |
| HIGH BLOOD PRESSURE | YES/NO | HEADACHES          | YES/NO |
| LOW BLOOD PRESSURE  | YES/NO | UNPAIRED ORGANS    | YES/NO |
| HEAT EXHAUSTION     | YES/NO | BLEEDER TENDENCY   | YES/NO |
| HEAT STROKE         | YES/NO | HEAT CRAMPS        | YES/NO |

PREVIOUS INJURY OR SURGERY THAT KEPT YOU OUT OF GAME /  
PRACTICE? (SPECIFY INJURY, SURGERY, AND DATE OF OCCURENCE)

PROTECTIVE DEVICES, BRACES, ORTHTICS, ETC. (SPECIFY)

**INSURANCE INFORMATION**

Name of policy holder \_\_\_\_\_ Relationship \_\_\_\_\_  
Employer \_\_\_\_\_ D.O.B \_\_\_\_\_  
Insurance company name \_\_\_\_\_  
Carrier I.D.# \_\_\_\_\_ Policy # \_\_\_\_\_  
Address of insurance co \_\_\_\_\_  
Insurance company phone # ( ) \_\_\_\_\_ /1- 800 \_\_\_\_\_

***COPY OF INSURANCE CARD (front/back) MUST ACCOMPANY THIS FORM***