

**STUDENT ATHLETE EMERGENCY and INSURANCE INFORMATION**

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Student Social Security Number: \_\_\_\_\_

Parent/Legal Guardian Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

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

Address: \_\_\_\_\_  
Street City Zip Code

Name of Emergency Contact Person: \_\_\_\_\_

Relationship: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

**The following information is very important to have on file in case of emergency situations. Please fill in the information to the best of your abilities. Please list any insurance coverage, including Champus, Medicare, Medicaid, accident policies, HMO's, etc. If you do not have insurance coverage, please check the "No Insurance" box.**

INSURANCE COMPANY: \_\_\_\_\_

INSURANCE ADDRESS: \_\_\_\_\_  
Street

\_\_\_\_\_ City  
State Zip Code

NAME OF INSURED: \_\_\_\_\_  
Last First M.I.

RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

INSURED SSN: \_\_\_\_\_ FAMILY PHYSICIAN: \_\_\_\_\_

POLICY NUMBER: \_\_\_\_\_ GROUP NUMBER: \_\_\_\_\_