



Trinity Washington University Sports Medicine
PERSONAL DATA -EMERGENCY CONTACTS

This form is used in case of an emergency and will travel with the teams, therefore all information must be provided. If any information is not applicable, please indicate the reason (ex. unknown, N/A etc.)

Name _____ ID# _____ Date of Birth ___/___/___

Sport(s) _____ Dorm Address _____

Cell Phone (____) _____ Home phone (parents) (____) _____

Permanent Address _____

City/State/Zip _____

Emergency contact (if other than parents):

Name _____ Phone (____) _____ Relationship _____

Insurance Information:

Insurance Company _____ Phone Number _____

Insurance Type (please circle) HMO/ POS/ PPO

Policy Holder _____ Policy Number _____

Policy Holder's SSN _____

Insurance Company Address _____

Employer _____

Parent's Information:

Name _____ Cell (____) _____

Address _____ Phone (____) _____

City, State, Zip _____

Employer _____

Please list any medications you are currently taking _____

Do you have any drug allergies? (list) _____

Do you have any other allergies? (i.e., peanuts, bee-stings) _____

Do you have any medical conditions that we should be aware of? (i.e., asthma) _____

Student-Athlete Signature/ Date/ Parent Signature (if under 18)