



DryPond BlueSox

EMERGENCY INFORMATION CARD

Athlete's name _____ Age _____

Address _____

Primary Phone _____ 2nd Phone _____

List two persons to contact in case of emergency:

Parent or guardian's name _____

Address _____

Home Phone _____ Work Phone _____

Second person's name _____

Address _____

Home Phone _____ Work Phone _____

Relationship to athlete _____

Insurance co. _____ Policy # _____

Physician's name _____ Phone _____

IMPORTANT INFORMATION

Is your child allergic to any drugs? _____ If so, what? _____

Does your child have any other allergies? (e.g., bee stings, dust) _____

Does your child suffer from _____ asthma, _____ diabetes, or _____ epilepsy?

Is your child on any medication? _____ If so, what? _____

Does your child wear contacts? _____

Is there anything else we should know about your child's health or physical condition? If yes, please explain.

Signature

Date