Tulpehocken Athletics Emergency Information Sheet

Copies of this sheet will be kept with your coaches and sports medicine staff

(Please complete each section in black or blue ink)

PERSONAL INFORMATION

Student's Name _____ Student's Gender _____

Street _____ City _____ Zip _____

Date of Birth _____ Age _____ Graduation Year _____

Family Email Address _____

EMERGENCY CONTACT INFORMATION

(Please list your contacts in the order of who should be contacted first in the case of an Emergency)

Parent/Contact #1_____ Relationship to Athlete_____

- Phone #1_____ Type (check one) ☐ Cell ☐ Home ☐ Work
- Phone #2 (If applicable) _____ Type (check one) ☐ Cell ☐ Home ☐ Work

Parent/Contact #2_____ Relationship to Athlete_____

- Phone #1_____ Type (check one) ☐ Cell ☐ Home ☐ Work
- Phone #2 (If applicable) _____ Type (check one) ☐ Cell ☐ Home ☐ Work

Parent/Contact #3_____ Relationship to Athlete_____

- Phone #1_____ Type (check one) ☐ Cell ☐ Home ☐ Work
- Phone #2 (If applicable) _____ Type (check one) ☐ Cell ☐ Home ☐ Work

INSURANCE INFORMATION ☐ No Insurance

Insurance Company Name _____ Type (check one) ☐ HMO ☐ PPO ☐ POS ☐ HSA

Identification # _____ Policy/Group # _____

MEDICAL INFORMATION

Preferred Emergency Room (check one) ☐ Tower Health – Reading ☐ Penn State Health - St Joseph ☐ WellSpan Good Samaritan - Lebanon
☐ Geisinger St. Luke's ☐ Penn State Health – Hershey ☐ _____

Primary Physician / Medical Group _____ Telephone # _____

Orthopedic Physician / Medical Group (If Applicable) _____

Student's Health Condition(s) of which an Emergency Physician or Other Medical Personnel Should be Aware _____

_____

Student's Prescription Medications and conditions of which they are being prescribed _____

_____

Student's Allergies _____

ASTHMA AND EPI-PENS

Does this student have ASTHMA? ☐ Yes or ☐ No (check one) If yes, does this student carry an inhaler? ☐ Yes or ☐ No (check one)

Does this student carry an EpiPen ? ☐ Yes or ☐ No (check one) If yes, for what allergy _____