

TANTASQUA REGIONAL HIGH SCHOOL
WARRIOR ATHLETICS

EMERGENCY CARE INFORMATION

(To be kept with the coach at all times)

PLEASE PRINT CLEARLY

Athletes Name: _____ Date of Birth: _____

Address: _____ Town: _____

Zip Code: _____ Home Phone: _____

Mothers Name: _____ Work/Day Phone: _____

Fathers Name: _____ Work/Day Phone: _____

Emergency Contact Person(if unable to reach parents): _____

Relationship: _____ Phone: _____

MEDICAL HISTORY

Primary Care Physician: _____

Known Allergies: _____

Past Medical Problems: _____

Current Medications: _____

INSURANCE INFORMATION

Medical Insurance Company: _____

Subscribers Name: _____

Policy Number: _____ Group Number: _____

Athletes Social Security Number: _____