

ST. ALEXIS ATHLETIC ASSOCIATION

EMERGENCY INFORMATION FORM

Child's Full Name:
Date of Birth:
Social Security Number:
Parents or Guardians Names:
Home Address:
Home Telephone Number:
Work or Cell Number:
Emergency Contact (Name & Phone):
Alternate Emergency Contact:
Family Physician & Phone No.:
Medical History (Diabetes, Epilepsy, Asthma, etc.):
Allergies (Including Medications):
Medications Currently Taking:

INSURANCE INFORMATION

	FATHER	MOTHER
Parent Insurance:		
Policy Holder:		
Social Security Number:		
Employer:		
Insurance Company:		
Insurance Co. Address		
Insurance Co. Phone No.		
Policy No.:		
Group No.		
Identification No.:		

In my absence, I give permission to have my child treated in case of emergency:

Yes: _____ No: _____

Parent Signature: _____ Date: _____