



Frank Phillips College Emergency Information Card

Athlete's Name _____ D.O.B _____ Age _____
First MI Last

Athlete's Address _____

City _____ State _____ Zip _____

Athlete's Social Security Number _____ Sport _____

Do you have Hospital (Medical) Insurance? Yes _____ No _____

If yes, covered by: (Check One): Parent's Policy _____ Your Policy _____

If Parent's Policy: Mother or father's Name _____

Social Security Number _____

Date of Birth _____

Name of Insurance Company _____

Company Address _____

Insurance Certification # _____

Group # _____

Type _____

In case of Serious Accident or illness, permission is given for Emergency Treatment, Routine Immunization, X-Rays, and Skin Tests for Diagnosis and Hospitalization.

SIGNATURE OF PARENT/GUARDIAN/STUDENT ATHLETE, IF 18 YEARS OF AGE OR OLDER

IN CASE OF EMERGENCY, CONTACT:

Name: _____

Address: _____

Relationship: _____

Phone: Home _____

Business _____

Other _____

Allergies: (please list) _____

Family History: List serious illnesses of close relatives, example: Diabetes, Heart Disease, Tuberculosis, etc.:

