

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: \_\_\_\_\_