



Athletic Training Emergency Information Sheet

Sport: _____

Name: First: _____ M.I.: _____ Last: _____

Permanent Street Address _____ City: _____ State: ____ Zip Code: _____

Home Phone Number: _____

Date of Birth: _____

Social Security Number: _____

Parent/Guardian's Name: _____

Check One:

Father Mother Other _____

Local Address (if different from above): _____

Parent/Guardian's Cell Phone Number: _____

Any Existing Medical Condition: Yes _____ No _____

If yes, please list: _____

Any known Allergies: Yes _____ No _____

If yes, please list: _____

Family Physician/Primary Care Physician: _____

Address: _____

If you are 18 years old or older, Our Lady of the Lake University Athletic Training Staff and Team Physicians need your permission to inform your parents about any injuries/illness that might require emergency medical attention. Do you give Our Lady of the Lake University permission, circle one: Yes No

Athlete's Signature

Date

If you are 17 or younger your parents will be notified of any injuries/illness that happens to you that requires emergency medical attention.