



## PSUAC EMERGENCY CONTACT/MEDICAL FORM

Name (Last, First, Middle) _____		Student ID# _____	Sport _____
Semester _____	Age _____	Date of Birth _____ / _____ / _____	Male _____ Female _____
Parents/Guardian _____		City/State/Zip _____	Phone Number _____
Personal Physician _____		City/State/Zip _____	Phone Number _____

### Emergency Contacts

Please provide 2 other people to accept responsibility should parents not be available

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

### Family Health Insurance Information

Company Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_

### Medical Information

Date of last physical \_\_\_\_\_

Date of most recent Tetanus shot \_\_\_\_\_

Your competition of the following section is voluntary. You are not required to provide this medical information. Failure to provide this information will in no way preclude your participation in intercollegiate athletics.

Medical Allergies: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Significant/special medical problems: \_\_\_\_\_

\_\_\_\_\_

I, \_\_\_\_\_ authorize the above information to be shared with appropriate medical personnel if, in a medical emergency, I am unable to do so.

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_