



## PSUAC EMERGENCY CONTACT/MEDICAL FORM

Name (Last, First, Middle)		Student ID#	Sport
Semester	Age	Date of Birth	Student's Local Phone #
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 completion 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: \_\_\_\_\_