



Marian University Student-Athlete
Emergency Information Card

NAME: _____ AGE: _____ GENDER: _____

SPORT: _____ SS#: _____ DATE OF BIRTH: _____

HOME ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____ HOME PHONE: _____

INSURANCE: _____ POLICY #: _____ GROUP #: _____

PARENT OF GUARDIAN NAME: _____ PHONE: _____

IN CASE OF EMERGENCY, NOTIFY: _____ PHONE: _____

ALLERGIES OR MEDICAL CONDITIONS: _____

MEDICATIONS: _____

FAMILY M.D. _____ PHONE: _____

THIS FORM WILL BE HELD IN POSSESSION OF THE HEAD COACH. AUTHORIZATION IS HEREBY GIVEN FOR EMERGENCY TREATMENT FOR MY SON/DAUGHTER, AND TO PROCEED WITH SUCH TREATMENT THAT MAY BE NECESSARY IN THAT WE ARE NOT AVAILABLE AT THE TIME OF THE INJURY OF ILLNESS.

PARENT/GUARDIAN SIGNATURE: _____