



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: _____