

Name: _____

Pacific University: Intercollegiate Athletics

Emergency Information

Athlete's Name: _____

Sport: _____

Phone Number: _____

First Emergency Contact:

Name: _____

Relation: _____

Address: _____

City, State, Zip: _____

Phone: Home: _____

Work: _____

Second Emergency Contact:

Name: _____

Relation: _____

Address: _____

City, State, Zip: _____

Phone: Home: _____

Work: _____

Insurance Company Name: _____

Policy Number: _____ Group Number: _____

Medical History: On the space below, please indicate briefly any medical problems you have (i.e. diabetes), if you are on medication, have allergies (i.e. insects, etc.) or past orthopedic problems such as sprains, fractures or dislocations.
