

TRAINING THE ATHLETE IN ALL OF US



Emergency Contact Information

Athlete Name: _____ Date: _____

In the event of a medical emergency, the following people and emergency medical personnel should be contacted:

Contact 1: _____

Phone: _____ Phone: _____

Relationship: _____

Contact 2: _____

Phone: _____ Phone: _____

Relationship: _____

Doctor: _____

Phone: _____

Hospital Choice: _____

Medical/Health History:

Medication Taken:

Allergies: