

# LOWER COLUMBIA COLLEGE

## ATHLETE EMERGENCY CARD

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

ADDRESS(include city/state/zip) \_\_\_\_\_

STUDENT ID: \_\_\_\_\_ PHONE: \_\_\_\_\_

EMERGENCY CONTACT:(NAME) \_\_\_\_\_ PHONE: \_\_\_\_\_

STUDENT EMAIL ADDRESS:(that you check): \_\_\_\_\_

ALLERGIES? Y / N ( IF YES - SPECIFY) \_\_\_\_\_

## INSURANCE INFORMATION

PARENT/GUARDIAN NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

PARENT/GUARDIAN EMAIL: \_\_\_\_\_

NAME OF YOUR INSURANCE COMPANY: \_\_\_\_\_

SUBSCRIBER NAME: (is this policy in your name of your parent(s) ?): \_\_\_\_\_

EMPLOYER OF SUBSCRIBER: (i.e. mom, dad or your employer) \_\_\_\_\_

ID# Member# \_\_\_\_\_ Group# if available: \_\_\_\_\_

## AUTHORIZATION FOR TREATMENT

I give my permission for \_\_\_\_\_ to be examined by medical staff at your  
(Athlete name) facility as deemed necessary by  
the physician.

\_\_\_\_\_  
SIGNATURE OF ATHLETE (parent if under 18)

\_\_\_\_\_  
(date)