

**ST. JAMES SPORTS MEDICINE**  
EMERGENCY INFORMATION CARD

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Birthdate: \_\_\_/\_\_\_/\_\_\_

Drug Allergies/Medications/Medical Problems: \_\_\_\_\_

Parent(s)/Guardian(s): \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone# \_\_\_\_\_ Parents work phone#: \_\_\_\_\_

Person to contact in an emergency: \_\_\_\_\_

Phone # \_\_\_\_\_ Alternative Phone # \_\_\_\_\_

Is the athlete listed above covered by private medical insurance? Yes No

Insurance Company: \_\_\_\_\_

Policy Holder's Name: \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_

Policy or contract # \_\_\_\_\_ Group Name/# \_\_\_\_\_

**\*I/we give my/our permission to the St. James sports medicine staff to seek emergency medical care for my/our child in our absence**

Parent(s)/Guardian(s) signature: \_\_\_\_\_ Date: \_\_\_\_\_

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