

**SANTA ROSA JUNIOR COLLEGE
EMERGENCY INFORMATION CARD**

SPORT _____

YEAR _____

COMPLETE _____

NAME _____ **SSN#** _____ **BIRTHDATE** _____ **AGE** _____

ADDRESS _____ **CITY** _____ **STATE** _____ **PHONE ()** _____
(LOCAL)

ADDRESS _____ **CITY** _____ **STATE** _____ **PHONE ()** _____
(PERMANENT)

PARENT (S) NAME _____

ADDRESS _____ **CITY** _____ **STATE** _____ **PHONE ()** _____

ARE YOU COVERED UNDER A POLICY OF HEALTH INSURANCE? **Yes** _____ **No** _____

NAME OF POLICY HOLDER _____

NAME OF COMPANY _____ **POLICY NUMBER** _____

GROUP NAME _____ **GROUP NUMBER** _____

LIST ANY DRUGS OR MEDICINES TO WHICH YOU ARE ALLERGIC (E.G., PENICILLIN)

IN CASE OF EMERGENCY NOTIFY:

1. NAME _____ RELATIONSHIP: _____

ADDRESS _____ CITY _____ STATE _____ HOME PHONE _____

WORK PHONE _____

2. NAME _____ RELATIONSHIP: _____

ADDRESS _____ CITY _____ STATE _____ HOME PHONE _____

WORK PHONE _____

- I hereby agree to participate in intercollegiate athletics at Santa Rosa Junior College.
- I authorize the College Athletic Trainer to administer those treatments deemed necessary by the team physician.
- I also authorize the college to obtain any emergency care that may be necessary while I am participating or traveling under Santa Rosa Junior College supervision.

DATE: _____

SIGNATURE _____

Student (Parent or Guardian if under 18 years of age)