



SANTA ROSA JUNIOR COLLEGE

Sport: _____
 Fall Spring Year: _____
Eligibility: GS RS 1st year 2nd year

Emergency Information Card

Please Note: The information contained in this Emergency Information Card will be used only in the event of any emergency. Your emergency contact person will not be notified unless you give your consent or are incapacitated and are unable to make medical decisions for yourself.

Name: _____ SSN#: _____ - _____ - _____ Birth date: ____/____/____ Age: ____

Local Address: _____ City: _____ State: ____ Zip: _____

Permanent Address: _____ City: _____ State: ____ Zip: _____

Home Phone: (____) ____ - _____ Work Phone: (____) ____ - _____ Cell Phone: (____) ____ - _____

Are you covered under a health insurance policy? Yes ____ No ____ Is this policy an HMO or a PPO? ____

Name of the Policy Holder: _____

Name of Company: _____ Policy Number: _____

Group Name: _____ Group Number: _____

List any drugs or medications to which you have an allergy (e.g. penicillin):

In Case of Emergency Notify:

Name _____

Sport _____

1. Name _____ Relationship: _____

Address: _____ City: _____ State: ____ Zip: _____

Home Phone: (____) ____ - _____ Work Phone: (____) ____ - _____ Cell Phone: (____) ____ - _____

2. Name _____ Relationship: _____

Address: _____ City: _____ State: ____ Zip: _____

Home Phone: (____) ____ - _____ Work Phone: (____) ____ - _____ Cell 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.

Signature _____ Date ____/____/____
Student (Parent or Guardian if under 18 years of age)