

# Mount Carmel Rugby Emergency Information Sheet

Athlete's Name: \_\_\_\_\_ Grade (Circle): Fr So Jr Sr

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

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

Parents email(s): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Player email: \_\_\_\_\_ Player Cell Phone: \_\_\_\_\_

Updates via text message? Players Only  YES or  NO

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*List two persons to contact in case of Emergency:*

Parent/Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell/Work Phone: \_\_\_\_\_

Second person: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell/Work Phone: \_\_\_\_\_

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## *Medical Information*

Insurance Company: \_\_\_\_\_ Policy Number \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone \_\_\_\_\_

Important \_\_\_\_\_

Are you allergic to any drugs? \_\_\_\_\_ If so, what? \_\_\_\_\_

Do you have any other allergies? (i.e., bee sting, dust:) \_\_\_\_\_

Do you suffer from:  Asthma  Diabetes  Epilepsy

Are you on medication? \_\_\_\_\_ If so, what? \_\_\_\_\_

Do you wear contacts? \_\_\_\_\_ Other concerns:  YES, mark the box and describe on back of sheet.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_