

University of Illinois at Urbana-Champaign
Division of Campus Recreation
Sport Club Program

EMERGENCY CARD

CLUB NAME _____

LAST NAME _____ FIRST NAME _____ MI _____

I-CARD # _____ AGE _____ BIRTHDATE ____/____/____

LOCAL ADDRESS _____

street city state zip

LOCAL PHONE _____ PERMANENT PHONE _____

PERMANENT ADDRESS _____

street city state zip

NOTIFY IN CASE OF EMERGENCY

NAME _____ RELATIONSHIP _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

TELEPHONE () _____ TELEPHONE () _____

home

work

WHO IS YOUR HEALTH INSURANCE THROUGH

UNIVERSITY OF ILLINOIS PLAN: UNDERGRADUATE____ GRADUATE____ PARENT____ SPOUSE____ EMPLOYER____

INSURANCE COMPANY (IF NOT U OF I PLAN) _____

SUBSCRIBER'S NAME _____ RELATIONSHIP _____

LIST ANY HISTORY OF SERIOUS ILLNESS OR INJURIES (DESCRIBE AND STATE DATES OF OCCURENCES). _____

LIST ANY PRIOR HISTORY OF SURGERY (DESCRIBE AND STATE DATES OF OCCURENCES). _____

LIST ANY FAMILY HISTORY OF SERIOUS ILLNESS(I.E.-HEART DISEASE, TB,ETC.) _____

PLEASE CHECK IF YOU HAVE HAD ANY OF THE FOLLOWING:

- | | |
|--------------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> ASTHMA | <input type="checkbox"/> HEARING PROBLEMS |
| <input type="checkbox"/> CONVULSIONS OR EPILEPSY | <input type="checkbox"/> HIGH OR LOW BLOODPRESURE |
| <input type="checkbox"/> DIABETES | <input type="checkbox"/> HEAT PROSTRATION |
| <input type="checkbox"/> FAINTING | <input type="checkbox"/> HERNIA |
| <input type="checkbox"/> HEART DISEASE | <input type="checkbox"/> MENSTRUAL DISORDER |

ARE YOU PRESENTLY TAKING ANY MEDICATIONS? YES NO IF SO, PLEASE SPECIFY. _____

ARE YOU ALLERGIC TO ANY MEDICATIONS? YES NO IF SO, PLEASE SPECIFY. _____

DO YOU HAVE ALLERGIES? YES NO IF SO, PLEASE SPECIFY. _____

DO YOU WEAR GLASSES? YES NO DO YOU WEAR CONTACTS? YES NO

DO YOU WEAR EITHER ONE NOW WHILE PLAYING? YES NO

DO YOU HAVE ANY MEDICAL CONDITIONS THAT REGUIRES REGULAR CARE? _____

IF SO, PLEASE SPECIFY? _____

DATE OF LAST PHYSICAL EXAMINATION ____/____

THE ABOVE ANSWERS ARE TRUE AND CORRECT TO MY KNOWLEDGE.

SIGNATURE _____ DATE _____