

Emergency Information Sheet

Athlete Information:

Athlete's Name _____

Sport(s) _____

Medications _____

Allergies _____

Request parent/guardian signature if student-athlete is under 18 years old for purposes of treatment and emergency transport.

Parent/Guardian Signature: _____ Date: _____

Insurance Information:

Insurance Name _____

Group/Policy # _____

Subscriber's Name _____

Emergency Contact Information:

Name of Emergency Contact _____

Relationship of Emergency Contact to the Athlete _____

Phone Number _____

Fax or Mail to the Bates College Sports Medicine Department When Completed:

Fax – 207.755-5959

**Mail – Bates College Sports Medicine, c/o Mike Verville 130 Central Ave, Alumni Gym
Lewiston, Maine 04240**