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	BIRTHDA	TE /	/
LOCAL ADDRESS				
LOCAL PHONE	city PERMANENT PH	HONE	state	zip
PERMANENT ADDRESS				
NOTIFY IN CASE OF EMERGENCY	city		state	zip
NAME	RELATIONSHIP			
ADDRESS	CITY		STATE	ZIP
TELEPHONE ()	TELEPHONE ()		
home WHO IS YOUR HEALTH INSURANCE THROUGH			work	
UNIVERSITY OF ILLINOIS PLAN: UNDERGRADUATE	GRADUATE	PARENT	SPOUSE	EMPLOYER
INSURANCE COMPANY (IF NOT U OF I PLAN)				
SUBSCRIBER'S NAME	RELATIONSHIP			
LIST ANY PRIOR HISTORY OF SURGERY (DESCRIBE AND LIST ANY FAMILY HISTORY OF SERIOUS ILLNESS(I.EHE PLEASE CHECK IF YOU HAVE HAD ANY OF THE FOLLOW ASTHMACONVULSIONS OR EPILEPHSYDIABETESFAINTINGHEART DISEASE	ART DISEASE, TB,E	TC.) ROBLEMS W BLOODPRE TRATION		
		DIOONDEN		
ARE YOU PRESENTLY TAKING ANY MEDICATIONS?	YES NO	IF SO, PL	ESE SPECIFY	
ARE YOU ALLERGIC TO ANY MEDICATIONS?	YES NO	IF SO, PL	EASE SPECIFY	
DO YOU HAVE ALLERGIES? YES NO IF SO, PLEASE S	SPECIFY			
) 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 REGUIF	RES REGULAR CARE	?		
IF SO, PLEAE SPECIFY?				
DATE OF LAST PHYSICAL EXAMINATION /				
THE ABOVE ANSWERS ARE TRUE AND CORRECT TO MY KNOWLEDGE.				
SIGNATURE	DATE			