



Shawnee State University
Intramural & Recreational Sports
EMERGENCY CARD

Name: _____ Date: _____

Intramural & Recreational Sport: _____ Student ID#: _____

Email Address: _____ Date of Birth: _____

Campus Address: _____ Campus Phone: _____

Who to Notify in Case of Emergency?

Name: _____ Relationship: _____

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

Phone: (Home)_(_____)_____ (Mobile)_(_____)_____ (Work)_(_____)_____

Insurance Information

Insurance Company: _____ Certificate #: _____

Group Number: _____ Exp. Date: _____

General Information (circle or explain):

- Y N 1. Do you wear contacts? If so, circle Hard or Soft
Y N 2. Do you have allergies? If yes, please list:

- Y N 3. Are you taking any medications regularly? If yes, please list:

- Y N 4. Do you have any respiratory problems? If yes, please list:

- Y N 5. Have you ever suffered a head injury?
- Y N 6. If yes, was it severe enough to see a doctor?
- Y N 7. Do you have any medical problems or history of injury that would be important for us to know?
Example: Diabetes, high blood pressure, epilepsy, dislocated shoulder, injured knee, etc. If yes,
please list: _____

8. Please give the approximate date of your last tetanus shot: _____

By checking this box, I certify that I have an "Agreement to Participate Form" on file with Shawnee State University.

Signature: _____