

Georgia Southern University
Campus Recreation & Intramurals
Club Sports Emergency Card

Date: _____
Sport: _____
Name: _____ Date of Birth: _____
Student ID #: _____ Campus Phone: _____
Campus Address: _____
Roommate's Name: _____

Who to Notify in Case of Emergency:

Name: _____ Relationship: _____
Address: _____
City, State, Zip: _____
Phone: _____

Insurance Information:

Insurance Company: _____ Policy #: _____
Group Number: _____ Expiration Date: _____

Circle One

YES NO 1. Do you wear contact lenses?
YES NO 2. If yes, do you wear them during competition?
YES NO 3. Do you have any allergies? ie. Medication.

If yes, please list:

YES NO 4. Are you taking any medications regularly?
If yes, please list:

YES NO 5. Do you have any respiratory problems? ie. Asthma
If yes, please list:

YES NO 6. Have you ever suffered a head injury?
If yes, was it severe enough to see a Doctor?

YES NO 7. Do you have any medical problems or history of injury that would be
important information for us to know? ie. Diabetes, high blood pressure,
epilepsy, dislocated shoulder, knee injury, etc. If yes, please list:

8. Give approximate date of your last tetanus shot. _____