

# JUDSON UNIVERSITY



athletic training form

*athletics*

## JUDSON UNIVERSITY ATHLETIC TRAINING EMERGENCY MEDICAL INFORMATION

Please complete all the information below. All material is confidential.

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
SS# \_\_\_\_\_ Judson ID# \_\_\_\_\_ Sport \_\_\_\_\_

Home Address \_\_\_\_\_ School Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Home Phone # \_\_\_\_\_ Campus Phone # \_\_\_\_\_  
EMAIL \_\_\_\_\_ Cell Phone # \_\_\_\_\_

### EMERGENCY CONTACT:

<b>PRIMARY</b>	<b>SECONDARY</b>
NAME _____	NAME _____
HOME PHONE _____	HOME PHONE _____
WORK PHONE _____	WORK PHONE _____
CELL PHONE _____	CELL PHONE _____
RELATION _____	RELATION _____

### INSURANCE INFORMATION

IS YOUR PRIMARY INSURANCE THE STUDENT PLAN OFFERED AT JUDSON COLLEGE? YES NO

\*\*\*If yes, what is the *policy number*? \_\_\_\_\_

PRIMARY INSURANCE INFORMATION	SECONDARY INSURANCE INFORMATION
Primary Insurance Company _____	Secondary Insurance Company _____
Address _____	Address _____
Phone Number: _____	Phone Number: _____
Plan _____	Plan _____
Policy/ Group # _____	Policy/ Group # _____
IS THIS AN HMO, PPO, OR OTHER? (Circle one) List other _____	IS THIS AN HMO, PPO, OR OTHER? (Circle one) List other _____
Policy Holder _____	Policy Holder _____
ID/SS# _____	ID/SS# _____
Policy holder's relation to athlete _____	Policy holder's relation to athlete _____
Primary Care Physician _____	Primary Care Physician _____
PCP Phone Number: _____	PCP Phone Number: _____

**\*\*\* INCLUDE A COPY OF THE FRONT AND BACK OF YOUR INSURANCE CARD\*\*\***