

**HOSPITAL EMERGENCY INFORMATION
GARDNER-WEBB UNIVERSITY
ATHLETIC TRAINING**

Name: First: _____ Middle: _____ Last: _____

Home Address: _____

Home Phone Number: _____

Cell Phone Number: _____

Date of Birth: _____

Social Security Number: _____

Parent's Name: Father: _____ Mother: _____

Parent's Address: _____

Parent's Home Phone Number: _____

Any Existing Medical Conditions: Yes: _____ No: _____

If yes please list: _____

Any Known Allergies: Yes: _____ No: _____

If yes please list: _____

Family Physician/Primary Care Physician: _____
(Name/Address/Phone Number) _____

If you are 18 or older Gardner-Webb University Athletic Training Staff and Team Physicians needs your permission to inform your parents about any injuries/illness that might require emergency medical attention. Do you give Gardner-Webb University permission, circle one: Yes No

Signature: _____ Date: _____

If you are 17 or younger your parents will be notified of any injury/illness that happens to you that requires emergency medical attention.

Updated: 04-20-05