

University at Buffalo
Sport Clubs Council
EMERGENCY CARD

Date _____

Name _____

Club _____

Social Security # _____ Date of Birth _____

Campus Address _____ Campus Phone _____

Email Address _____

Roommate's Name _____

Who to Notify in Case of Emergency?

Name _____

Relationship _____

Address _____

Phone (H) _____ Phone (W) _____

General Information (circle or explain):

Y N 1. Do you wear contacts?

Y N 2. Do you wear them during competition? Hard or Soft?

Y N 3. Do you have allergies? If yes, please list:

Y N 4. Are you taking any medications regularly? If yes, please list:

Y N 5. Do you have any respiratory problems? If yes, please list:

Y N 6. Have you ever suffered a head injury?

Y N 7. If yes, was it severe enough to see a doctor?

Y N 8. Do you have any medical problems or history of injury that would be important for us to know? Ex. Diabetes, high blood pressure, epilepsy, dislocated shoulder, injured knee, etc. If yes, please list:

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