

Sport(s): _____

Smith College
Student-Athlete Information Sheet (FORM 1)

Name: _____ Date of Birth: _____ Year of Graduation: _____

Home Address: _____
Home Phone: _____

School Address: Box # _____ School or Cell Phone: _____

Emergency Contacts

Please call first:

Name: _____ Relationship: _____
Home Phone: _____ Work Phone: _____
Cell Phone: _____ Other: _____

Please call second:

Name: _____ Relationship: _____
Home Phone: _____ Work Phone: _____
Cell Phone: _____ Other: _____

Insurance Information

Athlete has Smith College Insurance Policy
Athlete's Social Security Number: _____

Athlete has other insurance policy
Policy Holder Information:

Name: _____ Social Security # _____
Ins. Company: _____ Relationship to student: _____
Ins. Company Address: _____

Ins. ID #: _____ Group#: _____
Ins. Company Phone: _____ Fax: _____

Referral needed for Emergency Room Yes No

Referral needed for office visit Yes No

Medical Information

*Please list any medications you are currently taking:

Name	Dose	Frequency	Reason
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

*Please list any allergies you may have (medications, insects, environmental, etc.):

*Do you carry Epi-Pen Auto- Injectors for any allergic condition? Yes No

*Please list any conditions you may have that emergency medical personnel should be aware of: