

The Preuss School UCSD
Emergency Information Card

SPORT: _____ Grade: _____

Student's Name: _____ Date of Birth: _____

Medications: _____

Allergies: _____

Known Healthy Risks (High Blood Pressure, Asthma, Anemic, etc): _____

Family Medical Insurance: _____

Insurance Company: _____

Member ID#: _____

HMO or PPO – (circle one) Group #: _____

Mother Home Phone #: _____ Work Phone #: _____ Cell #: _____

Father Home Phone #: _____ Work Phone #: _____ Cell #: _____

Emergency Contact other than parents: _____
Name

Relationship _____ Phone # _____