

Student Emergency Contact Information

*This form is being provided to I/I Programs for their use only.
It is not required to be submitted to the USPA.
It is intended to assist schools and clubs with obtaining any medical
information deemed necessary.*

The USPA encourages programs to obtain emergency contact information on all players and to retain this information for their use if it becomes necessary.

Student's Name _____
Date _____

Emergency Contacts

Name	Relationship	Home#	Work#	Cell #
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Student's Insurance Information

Insurance Provider _____	Policy Holder _____
Group Number _____	Policy Number _____

Other Information

Family Physician (Print) _____	Physician's Telephone # _____
Dentist (Print) _____	Dentist's Telephone # _____

Other _____

This Form identifies the Player's medical providers, and provides their telephone numbers. Because you, as the Player's coach/advisor, will likely be on site in the event that medical treatment becomes necessary, the USPA believes it to be prudent to supply you with this Form and the information listed thereon. Although the Form is being provided to you by the USPA, be advised that the USPA takes no position on whether the information provided in the Form by the Player is accurate, complete or current. Further, be advised that the USPA has not taken any action subsequent to having received the Form from the Player to determine its accuracy, completeness or whether the information is current. If you deem it appropriate, your school or club, should take any and all additional steps and measures to ensure that the Player's medical information is accurate, complete and current, including verifying whether the contact information for the Player's medical providers is correct.