



Glenwood City High School/Middle School
Emergency Contact Information

Student Athlete Name: _____

Address: _____

City: _____ Zip Code: _____

Primary Phone: _____ Secondary Phone: _____

Medical Information for Athlete:

Primary Doctor: _____ Phone: _____

Preferred Hospital: _____ Phone: _____

Primary Dentist: _____ Phone: _____

Medical Insurance Provider: _____

Policy #: _____

Dental Insurance Provider: _____

Policy #: _____

Allergies: _____

Medical Conditions: _____

Medication: _____ Purpose: _____

Medication: _____ Purpose: _____

Medication: _____ Purpose: _____

Medication: _____ Purpose: _____

