



Athletic Training *Travel Information*

Personal Information

_____			_____			_____			
Last Name			First Name			Middle Name			
_____			_____			_____			
Sport(s)		Class	Age	Date of Birth	Social Security Number				
_____			_____			_____			
Parent/Guardian's Name			Home Address						
_____			_____			_____			
Home Phone Number		Emergency Phone Number			School Phone Number				

Insurance Information

Health Insurance Agency Name	

Policy Number	

Does your health insurance pre-authorization for treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Allergies

List any allergies below (include, asthma, bees, medicines, foods):

List any medicines or nutritional supplements you are taking:

List any other medical conditions that might need to be known in an emergency situation:

