



MIRACOSTA COLLEGE
ATHLETIC EMERGENCY CARD

Name: _____ Sport: _____

Date of Birth: _____ Age: _____ Social Sec. #: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Cell: (____) _____

Allergies/Medical Conditions: _____

Medications: _____

In Case of an Emergency, Notify:

Name: _____ Relationship: _____

Home Phone: (____) _____ Cell: (____) _____

Employer: _____ Work Number: (____) _____

Insurance Information

Insurance Company: _____ Type: HMO Other: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: (____) _____ Policy #: _____ Group #: _____