

KENYON COLLEGE CLUB SPORTS
EMERGENCY MEDICAL INFORMATION: 2013 – 2014 (Mandatory)

(TO BE COMPLETED PRIOR TO INDIVIDUAL TRY-OUT OR TEAM PARTICIPATION)

In addition, club needs copy at all competitions & practices (viewed w/discretion as necessary)

Name of Club Sport _____

Student's Full Name (print) _____

Kenyon Student ID# _____

Campus Address _____

Permanent Address _____

Telephone Number (cell): _____ (home): _____

Age _____ Birth Date _____

Emergency Contacts (name and phone numbers)

1. _____

(Full Name)

(Relationship)

(Day Phone #)

(Evening Phone #)

2. _____

(Name)

(Relationship)

(Day Phone #))

(Evening Phone #)

Current Medication(s): _____

Allergies: _____

Wears contact lenses? _____

Wears glasses? _____

Please list any temporary or chronic illnesses or diseases from which you suffer:

Have you had any major injury, illness, or surgery relating to cerebral concussion, joint injury (knee, ankle, etc.), fracture, or organ loss previous to participation in a Kenyon Club Sport activities? If so, please indicate specifically.

Do you know of, or believe there is, any health reason why you should not participate in Kenyon Club Sport activities? _____ If yes, please indicate why.

Student's Signature _____ Date _____