

# Hampton HS Rowing Team Emergency Information Sheet

(Please Print Clearly)

Name: \_\_\_\_\_

Age: \_\_\_\_\_

Date Of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Academic Year: \_\_\_\_\_

---

## Medical Information

Insurance Name: \_\_\_\_\_

Insurance Number: \_\_\_\_\_

Medications: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medical Conditions: \_\_\_\_\_  
\_\_\_\_\_

---

## Parent Information

Mother's Name: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_