



VITERBO UNIVERSITY ATHLETIC TRAINING
900 VITERBO DRIVE
LA CROSSE, WI 54601
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EMERGENCY INFORMATION FORM

****REQUIRED OF ALL STUDENT ATHLETES EACH ACADEMIC YEAR****

TYPE OR PRINT CLEARLY IN BLACK INK

FULL NAME _____ SPORT(S) _____

DOB _____ SSN _____

SCHOOL ADDRESS _____

SCHOOL PHONE _____

HOME/PERMANENT ADDRESS _____

HOME/PERMANENT PHONE _____

EMERGENCY CONTACT NAME _____

RELATIONSHIP/PHONE NUMBERS _____

LIST ALLERGIES _____

CURRENT MEDICATIONS _____

****ATHLETES MUST CARRY OWN VALID HEALTH INSURANCE POLICY TO PARTICIPATE IN ATHLETICS AT VITERBO UNIVERSITY****

INSURANCE COMPANY _____

FULL ADDRESS _____

PHONE _____ GROUP _____

SUBSCRIBER # _____

****ATTACH COPY OF FRONT AND BACK OF INSURANCE CARD****

INDICATE PREFERRED LOCAL (LA CROSSE) PROVIDER:

___ GUNDERSEN LUTHERAN MEDICAL CENTER

___ FRANCISCAN SKEMP/MAYO HEALTHCARE

(OVER)

THIS FORM MUST BE COMPLETED IN ITS ENTIRETY (FRONT AND BACK) AND RETURNED TO THE VITERBO UNIVERSITY ATHLETIC TRAINING ROOM PRIOR TO PARTICIPATION (WORKOUTS OR COMPETITION) IN ANY VU VARSITY ATHLETICS PROGRAM.

ANNUAL HEALTH HISTORY UPDATE

IN THE LAST TWELVE (12) MONTHS, HAVE YOU...

(circle one)

- | | | |
|-----|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| YES | NO | 1. BEEN HOSPITALIZED OR HAD SURGERY? |
| YES | NO | 2. BEEN TREATED BY ANY HEALTH CARE PROVIDER ON A REGULAR BASIS? |
| YES | NO | 3. EXPERIENCED CHEST PAIN, RACING HEARTBEAT, DIZZINESS OR SHORTNESS OF BREATH? |
| YES | NO | 4. BEEN KNOCKED UNCONSCIOUS OR BEEN TOLD YOU MAY HAVE HAD A CONCUSSION? |
| | | 5. ARE THERE ANY EMOTIONAL, PSYCHOLOGICAL OR PERSONAL ISSUES THE MEDICAL STAFF SHOULD BE MADE AWARE OF OR THAT YOU WOULD LIKE ADDRESSED? EXPLAIN BELOW OR CONTACT AN ATHLETIC TRAINER PERSONALLY. |
| | | 6. HAVE YOU SPRAINED, STRAINED, DISLOCATED, SEPERATED, FRACTURED, HAD UNEXPLAINED SWELLING, PROLONGED SORENESS, OR ANY OTHER INJURY TO ANY OF THE FOLLOWING BODY PARTS, BONES OR JOINTS? |
| YES | NO | =HEAD |
| YES | NO | =NECK |
| YES | NO | =SHOULDER OR UPPER ARM |
| YES | NO | =ELBOW OR FOREARM |
| YES | NO | =WRIST, HAND, FINGER OR THUMB |
| YES | NO | =CHEST OR RIBS |
| YES | NO | =BACK OR SPINE |
| YES | NO | =PELVIS, HIP OR THIGH |
| YES | NO | =KNEE |
| YES | NO | =LOWER LEG, CALF OR SHIN AREA |
| YES | NO | =ANKLE |
| YES | NO | =FOOT OR TOE |

EXPLAIN ALL "YES" RESPONSES AND INCLUDE DATES AS APPROPRIATE

I, the undersigned, consent to:

1. medical treatment by the athletic training staff, emergency or otherwise,
2. the athletic training staff discussing /distributing pertinent information regarding my injuries/illnesses to the coaching staff and other appropriate medical/athletic personnel, and
3. personal participation in or the inclusion of my medical records for research projects or other educational studies.

Athlete Signature

Date