

University at Buffalo
R&I Services
EMERGENCY CARD

Name _____ Date _____
Club _____
Social Security # _____ Date of Birth _____
Campus Address _____ Campus Phone _____
Email Address _____
Roommate's Name _____

Who to Notify in Case of Emergency?

Name _____ Relationship _____
Address _____
Phone (H) _____ Phone (W) _____

General Information (circle or explain):

- | | | |
|---|---|---|
| Y | N | 1. Do you wear contacts? |
| Y | N | 2. Do you wear them during competition? Hard or Soft? |
| Y | N | 3. Do you have allergies? If yes, please list:
_____ |
| Y | N | 4. Are you taking any medications regularly? If yes, please list:
_____ |
| Y | N | 5. Do you have any respiratory problems? If yes, please list:
_____ |
| Y | N | 6. Have you ever suffered a head injury? |
| Y | N | 7. If yes, was it severe enough to see a doctor? |
| Y | N | 8. Do you have any medical problems or history of injury
that would be important for us to know? Ex. Diabetes, high blood
pressure, epilepsy, dislocated shoulder, injured knee, etc. If yes, please
list:

_____ |
| | | 9. Please give the approximate date of your last tetanus shot.

_____ |
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