

**Marion Military Institute Sports Medicine
Student-Athlete Local & Emergency Contact Information**

Date: _____
Name: Last: _____ First: _____ Middle: _____
Sport _____ Year in School: _____
Social Security #: _____

Local Information

Local Address: _____
Dorm: _____
Local Phone#: _____ Cell phone#: _____
Email: _____

Emergency Medical Information

Allergies: _____
Permanent Home address: _____ Home phone#: _____
Contact Person #1:
Name: _____ Relationship: _____
Address: _____
Phone#: _____ Cell#: _____ Work#: _____
Contact Person #2:
Name: _____ Relationship: _____
Address: _____
Phone #: _____ Cell# _____ Work#: _____