



### 2024-2025 HFC Emergency Contact Form

Student Name: \_\_\_\_\_ Hank ID# \_\_\_\_\_ Sport: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Cell  
Phone: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_

**Emergency Contact:**

1. First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Please note if the primary/secondary are cellphone(s) or landlines(s). Detail Code.

Primary Phone Number: \_\_\_\_\_ Secondary Phone Number: \_\_\_\_\_

Cellphone  Landline  Cellphone  Landline

2. First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Please note if the primary/secondary are cellphone(s) or landlines(s). Detail Code.

Primary Phone Number: \_\_\_\_\_ Secondary Phone Number: \_\_\_\_\_

Cellphone  Landline  Cellphone  Landline

**Current medications (list all):** \_\_\_\_\_

\_\_\_\_\_ **Allergic**

**to following (list all):** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Presently wear:** Contact lenses? Yes  No  Glasses? Yes  No

**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 HFC Sport activities?** Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

**Are you currently covered by medical insurance?** Yes  No

**Name of Medical Insurance Agency:** \_\_\_\_\_

**Name of Policyholder:** \_\_\_\_\_

**Do you know of, or believe, there is any health reason why you should not participate in HFC sport activities?** Yes  No  If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_