



**Journey House Athletic Programs
Emergency Treatment Data Sheet**

Participants Name _____ Home Phone: _____

Address _____

City _____ State ____ Zip _____ Birth Date _____

Mother /Guardian Name _____ Home Phone _____

Father / Guardian Name _____ Home Phone _____

Mother's Employer _____ Work Phone _____

Father's Employer _____ Work Phone _____

Other Emergency Number: _____

Allergies:

Family Physician _____ Phone _____

Insurance Policy & Number:
(for use by team only)

Do you use an inhaler for asthma or respiratory problems? Yes _____ No _____