

**Coe College**  
**Demographics and Insurance Information Request**

As an athlete at Coe College it is the responsibility of the athlete and/or his/her parents to maintain private health insurance in order to be eligible to participate. Please provide all of the appropriate information below.

**GENERAL**

Last Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ First Name: \_\_\_\_\_  
SSN#: \_\_\_\_\_ Year in School: \_\_\_\_\_ Birth date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Sport 1: \_\_\_\_\_ Sport 2: \_\_\_\_\_ Sport 3: \_\_\_\_\_

**ADDRESS**

Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_  
School Address: \_\_\_\_\_ Box: \_\_\_\_\_  
School Phone: \_\_\_\_\_ Other School Phone: \_\_\_\_\_

**EMERG.**

Emergency Contact: \_\_\_\_\_ Relation: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**MED ALERTS**

Medical Alerts or Allergies (please list): \_\_\_\_\_  
\_\_\_\_\_  
Family Physician: \_\_\_\_\_ Physician Phone #: \_\_\_\_\_  
Medications Taking: \_\_\_\_\_ Amount: \_\_\_\_\_ Prescription Date: \_\_\_\_\_  
Prescribing Physician: \_\_\_\_\_ Reason: \_\_\_\_\_

**MEDICAL HISTORY**

This section is to be completed annually by the athlete and his/her parent before participation at Coe College, in order to detect any possible risks.

**Circle Correct Response**

- |     |  |     |    |
|-----|--|-----|----|
| 1.  | Were you hospitalized in the last 12 months?                             | Yes | No |
| 2.  | Have you had any bone/joint surgeries of any kind?                       | Yes | No |
| 5.  | Are you wearing any special eyewear? (contacts, glasses, etc)            | Yes | No |
| 6.  | Do you have any medical problems requiring continued treatment or rehab? | Yes | No |
| 7.  | Any other injuries that have occurred within the last 12 months?         | Yes | No |
| 8.  | Have you had any recent fainting or dizziness while exercising?          | Yes | No |
| 9.  | Have you ever had any head injuries or loss of consciousness?            | Yes | No |
| 10. | Have you had any other sport related injuries not previously indicated?  | Yes | No |

**Explain any "YES" answers below.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Return To:** Coe College, 1220 1<sup>st</sup> Ave N.E., EBY Field house, c/o Shaun McCarthy, Cedar Rapids, IA 52402