



# LEE COUNTY WOMEN'S TENNIS LEAGUE

## MEDICAL EMERGENCY INFORMATION

*Place in sealed envelope marked IN CASE OF EMERGENCY and keep in tennis bag*

Personal Information			
NAME:			
ADDRESS:			
HOME PHONE:		CELL PHONE:	
DATE OF BIRTH:		LOCAL PHYSICIAN:	
EMERGENCY CONTACT PERSON:		EMERGENCY PHONE NUMBER:	
BLOOD TYPE:		ALLERGIC TO:	

LIST OF MEDICATIONS:	

MEDICAL HISTORY: (HEART, HIGH BLOOD PRESSURE, DIABETES, ETC)	

COPY OF INSURANCE CARD(S) AND DRIVER'S LICENSE (Optional):