



## Player Emergency Contact and Medical Information

Player's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ M / F

Parent's/ Name: \_\_\_\_\_ Parent's/ Name: \_\_\_\_\_  
Guardian's Guardian's

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

City, ST, Zip Code: \_\_\_\_\_ City, ST, Zip Code: \_\_\_\_\_

### Alternative Emergency Contacts

Primary Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Secondary Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### Medical Information

Hospital/Clinic Preference: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Allergies/Special Health Considerations: \_\_\_\_\_

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia and other medical and/or hospital procedures as may be performed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver only applies in the event that neither parent/guardian can be reached in the case of an emergency.

Parent's/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_