PLAYER EMERGENCY CONTACT & MEDICAL INFORMATION FORM

Player Information

Player Name: _____

Date of Birth: _____ **Team:** _____

Jersey Number: _____ **Head Coach:** _____

Parent/Guardian Information

Parent/Guardian Name: _____

Relationship: _____

Primary Phone: _____

Secondary Phone: _____

Email: _____

Emergency Contact (Other Than Parent/Guardian)

Name: _____

Relationship: _____

Phone Number: _____

Medical Information

Primary Physician: _____

Physician Phone: _____

Insurance Provider: _____

Policy Number: _____

Medical Conditions/Allergies/Medications (if any):

Emergency Medical Authorization

I authorize its coaches, staff, volunteers, and emergency medical personnel to obtain emergency medical treatment for my child if I cannot be reached. I understand every reasonable effort will be made to contact me prior to treatment.

Parent/Guardian Signature: _____

Date: _____

FOR LEAGUE USE ONLY

Date Received: _____ Verified By: _____