

Emergency Contact and Medical Information for a Child

Player's Name	Age	Date of Birth	M	F
			Sex	
Parent's/Guardian's Name	Parent's/Guardian's Name			
Player's Cell Phone	Player's Email			
()	()	()	()	()
Home Phone	Cell Phone	Home Phone	Cell Phone	
Address	Address			
City, ST ZIP Code	City, ST ZIP Code			
Email	Email			

Alternative Emergency Contacts

Primary Emergency Contact	Secondary Emergency Contact			
()	()	()	()	()
Home Phone	Cell Phone	Home Phone	Cell Phone	

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 or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the even that neither parent/guardian can be reached in the case of an emergency.

Parent's/Guardian's Signature

Date