

EMERGENCY CONTACT AND MEDICAL RELEASE



Player: _____ Date of Birth: _____

Family Physician: _____ Phone: _____

Address: _____

Hospital Preference: _____

In case of emergency contact:

 Name #1 Phone Relationship to Player

 Name #2 Phone Relationship to Player

Please list any allergies/medical problems, including that require maintenance medication (i.e. Diabetic, Asthma, and Seizure Disorder)

<u>Medical Diagnosis</u>	<u>Medication</u>	<u>Dosage</u>	<u>Frequency of Dosage</u>

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

Any other medical considerations that the coaches should be aware of:

Medical Insurance Carrier: _____ Policy #: _____

Date of last Tetanus Toxoid Booster: _____ Blood Type: _____

Parent or Guardian Authorization:

In case of emergency, if family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, E.R. Physician):

Mr./Mrs./Ms. _____ Date: _____
 Authorized Parent/Guardian Signature

Print Parent/Guardian Name _____