

## Emergency Contact and Medical Information for a Child

Player's Name _____		Age _____	Date of Birth _____	M Sex	F
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 \_\_\_\_\_