



EMERGENCY MEDICAL INFORMATION DATA
 (TO BE FILLED OUT FOR EACH PLAYER, COACH OR VENDER)

Name _____
 Parent/Guardian _____
 Address _____

Birth-date _____
 Home Phone _____
 Work Phone _____

In Case of Emergency, notify

Name _____
 Relationship _____
 Address _____

Phone _____

Doctor _____
 Address _____

Health Insurance Company and Number _____

Health or medical information or problems. (i.e, allergies, asthma, epilepsy, etc.)

In the event we (I) cannot be reached in an emergency, we (I) hereby give permission to the physician, selected by the adult leader in charge, to hospitalize and provide all emergency medical treatment required, based on professional judgment of a licensed physician. Every effort will be made to contact you in case of any emergency.

Parent/Guardian Signature _____

Date _____