

**PLAYER EMERGENCY INFORMATION SHEET**

Player's Name:		Date of Birth:        /        / day        month        year	
Address:			
Home Telephone #:		Health Insurance #:	
Parents'/Guardians' Names:		Business Phone #:	
Home # (if different than above):		Cell Phone #:	
Emergency Contact Person:		Phone #:	
		Relationship to Player:	
Address:			
Alternate Emergency Contact:		Phone #:	
		Relationship to Player:	
Address:			
Family Doctor:		Phone #:	
In an emergency situation where I cannot be contacted, I, as the parent or guardian of the above named child, provide prior consent to allow the coach(es) or paramedics, at their sole discretion, to transport my child to the hospital or clinic to seek medical attention.			
Name of parent: _____ (please print)		Signature: _____	
Does Player suffer from any serious health conditions (please check applicable conditions)			
1. Asthma ___        2. Diabetes ___        3. Epilepsy ___        4. Heart condition ___			
5. Other (please specify)			
Does Player take any regular prescribed medication, if so, please specify?			
Is Player allergic to any prescribed medication, if so, please specify?			
Does Player have any other allergies ( bee sting, dust, peanuts), if so, please specify?			
Does Player wear contact lenses?			
Other relevant health and/or medical information, please specify?			
Player or Parent (if player under 18) signature:		Date:	

**It is understood that the information provided on this form will be kept in the strictest of confidence by team officials and will only be used to assist treatment in the case of injury or medical emergency.**