

## Emergency Medical Treatment Form

We the parents of \_\_\_\_\_ give permission for medical treatment of our child for illness or accident if we cannot first be contacted.

Date: \_\_\_\_\_ Parent or Guardian: \_\_\_\_\_  
(print name)

Emergency Phone: \_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_

\*\*\*\*\* OR \*\*\*\*\*

We the parents of \_\_\_\_\_ refuse to give permission for medical treatment of our child for illness or accident.

Date: \_\_\_\_\_ Parent or Guardian: \_\_\_\_\_  
(print name)

Emergency Phone: \_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_

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Player Fact Sheet Date \_\_\_\_\_

Contact In Case Of Emergency (Other Than Parents):

Name \_\_\_\_\_ Phone \_\_\_\_\_

Child's Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Child's Sex: Male Female Handed: Right Left

Hair Color \_\_\_\_\_ Eye Color \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_

Physical Impairments: (Glasses, Hearing Aid, Etc.)

\_\_\_\_\_  
\_\_\_\_\_

Has Reactions To: (Medicine, Dust, Weeds, Etc.)

\_\_\_\_\_  
\_\_\_\_\_

Any Other Need To Know Information:

\_\_\_\_\_  
\_\_\_\_\_