Emergency Contact and Medical Information for a Child

| Child's Name | | Date of Birth | | M F Sex | |
|---|--------------------------|----------------------------|-----------------------------|------------|--|
| Parent's/Guardian's Name | | Parent's/Guardian's Name | | | |
| Home Phone | Work Phone | Home Phone | Work Phone | | |
| Address | | Address | | | |
| City, ST ZIP Code | | City, ST ZIP C | code | | |
| | Altern | ative Emergency Cor | ntacts | | |
| Primary Emergency Contact | | Secondary Em | Secondary Emergency Contact | | |
| Home Phone | Work Phone | Home Phone Work Phone | | | |
| Address | | Address | | | |
| City, ST ZIP Code | | City, ST ZIP Code | | | |
| | | Medical Information | | | |
| Hospital/Clinic Preference Physician's Name | | | Phone Number | | |
| Insurance Company | | | Policy Number | | |
| Allergies/Special Health Consid | lerations | | | | |
| Does the player have any medi | cal conditions the coach | ning staff should be aware | of? | | |
| | | | | | |
| | | | | | |
| Is there anything that you could | tell us about the player | that would help us coach | him better? | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Parent's/Guardian's Signature | | | Date | | |
| Parent's/Guardian's Signature | <u>.</u> | | Date | | |