



NOTE: To be carried by any Regular Season or Tournament Coaches

Player: _____ Date of Birth: _____ Gender(M/F): _____
 Parent (s)/Guardian Name: _____ Relationship: _____
 Parent (s)/Guardian Name: _____ Relationship: _____
 Player's Address: _____ City: _____ State/Country: _____
 Zip: _____
 Work Phone: _____ Cell: _____
 Email: _____
 Family Physician: _____ Phone: _____
 Preferred Hospital: _____

INSURANCE INFORMATION:

Insurance Co: _____ Policy No.: _____ Group ID#: _____

If parent(s)/legal guardian cannot be reached in case of emergency, contact:

Name: _____ Phone _____
 Relationship to Player: _____

Name: _____ Phone _____
 Relationship to Player: _____

IMPORTANT HEALTH INFORMATION

Please list any allergies/medical problems, including those requiring maintenance medication.

Medical Diagnosis	Medication	Dosage	Frequency of Dosage

Date of last Tetanus Toxoid Booster: _____

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

PARENT OR LEGAL GUARDIAN AUTHORIZATION:

In case of emergency if parent/guardian, other emergency contact or family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel. (i.e. EMT, First Responder, E.R. Physician).

Print Name

Date

Sign Name

Date