

2026 Tomah ALBB

Player Emergency Info

1. Player Name: _____
2. Emergency Contact Name: _____
3. Emergency Contact PH#: _____
4. *Emergency Contact Name: _____
5. *Emergency Contact PH#: _____
6. Medical Insurance Provider: _____
7. Medical Insurance #: _____
8. Doctor's Name: _____
9. Doctor's Location: _____

Is Player allergic to any medication? _____

Does Player require use of "Epi-Pen"? YES NO (Please circle)

In case of **Urgent Medical Care**, Parents signature to take Player to closest Medical Provider. **X** _____

If Parent cannot notified:

*4. Other than Parent

*5. Other than Parent