

2023 Tomah ALBB

Player Emergency Info

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

*2. Other than Parent

*3. Other than Parent