SAN GABRIEL VALLEY Jr. ALL-AMERICAN

**FOOTBALL CONFERENCE, INC.**

# EMERGENCY MEDICAL INFORMATION

Hospital & Urgent Care Facilities

***(PLEASE TYPE OR PRINT)***

|  |  |  |
| --- | --- | --- |
| City Franchise | | Date |
| Medical Facility  □ HOSPITAL | Name Of Facility | |
| Address City/Zip Code A/C Phone # | | |
| Directions To Facility | | |
| Medical Facility  □ HOSPITAL | Name Of Facility | |
| Address City/Zip Code A/C Phone # | | |
| Directions To Facility | | |
| Medical Facility  □ URGENT CARE | Name Of Facility | |
| Address City/Zip Code A/C Phone # | | |
| Directions To Facility | | |
| Medical Facility  □ URGENT CARE | Name Of Facility | |
| Address City/Zip Code A/C Phone # | | |
| Directions To Facility | | |
| Medical Facility  □ URGENT CARE | Name Of Facility | |
| Address City/Zip Code A/C Phone # | | |
| Directions To Facility | | |

**This Form Must Be Filled In and Kept Along With Player Contracts.**

**(1 Form per Each Division Cheer or Football)**

***Make copies available to parents or visiting cities.***