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.***