

**PARTICIPANT EMERGENCY INFORMATION FORM**

**DIVISION:**  Mascot  Flag  Jr. Gremlin  Gremlin  Jr. PeeWee  PeeWee  Jr. Midget

**Participant's Name** \_\_\_\_\_ **Phone # ( )** \_\_\_\_\_ **DOB** \_\_\_\_\_

**Insurance Carrier Name** \_\_\_\_\_ **Insurance Phone # ( )** \_\_\_\_\_

**Member Number** \_\_\_\_\_ **Physician Name:** \_\_\_\_\_

**Preferred Hospital/Clinic** \_\_\_\_\_

**List any learning or physical challenges:** \_\_\_\_\_

**Medical Needs/Allergies/or other medical problems:** \_\_\_\_\_

**ASTHMA/BREATHING Problems** \_\_\_\_\_ **INHALER REQUIRED** \_\_\_\_\_ (If your child requires an INHALER, one on the field. Please bring an extra inhaler in a zip lock bag with his/her name on the bag and inhaler).

**Father:** \_\_\_\_\_ **Employer:** \_\_\_\_\_

**Cell #: ( )** \_\_\_\_\_ **Work# ( )** \_\_\_\_\_ **ext/dept** \_\_\_\_\_

**Mother:** \_\_\_\_\_ **Employer:** \_\_\_\_\_

**Cell #: ( )** \_\_\_\_\_ **Work# ( )** \_\_\_\_\_ **ext/dept** \_\_\_\_\_

**Guardian:** \_\_\_\_\_ **Employer:** \_\_\_\_\_

**Cell #: ( )** \_\_\_\_\_ **Work # ( )** \_\_\_\_\_ **ext/dept** \_\_\_\_\_

**EMERGENCY CONTACT - FRIEND/RELATIVE/NEIGHBOR**

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Phone#** \_\_\_\_\_ **cell/home**

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**If you're on staff with a different team, please make sure provide a cell phone number and division field location so we can get a hold of you in case of an emergency:**

**Name:** \_\_\_\_\_ **Cell #:** \_\_\_\_\_ **Division** \_\_\_\_\_ **(cheer or football)**