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2011 - 2012 MEDICAL AND EMERGENCY CONTACT INFORMATION

CONFIDENTIAL

(To be kept on file by coach or manager)

Player Name: _____

Address: _____

Postal Code: _____ Phone: _____

Birthdate (mm/dd/yy): _____ Care Card #: _____

Parent/Guardian Names: _____

Address (if different from above): _____

Phone #s home: _____ work: _____ cell: _____

Contact Persons (if parent unavailable):

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Physician's Name: _____ Phone #: _____

Medical Factors: (including ongoing illnesses or conditions i.e. asthma, diabetes, heart disease, epilepsy, headaches, etc.):

Recent injuries or surgery (please include dates):

Allergies: _____

Current medications and/or treatments:

Year of last tetanus immunization: _____

Parents/guardians signature: _____ Date: _____