

EMERGENCY INFORMATION, MEDICAL HISTORY AND MEDICAL TREATMENT AUTHORIZATION

Player's Name: _____

Last

First

Middle

Address: _____

EMERGENCY CONTACTS

Parent or Guardian: **(Please make sure the person listed here is the main contact person for the athlete so the appropriate information regarding snacks, practices, etc. is given to the correct person):**

Last

First

Middle

E-mail contact information _____

Address: _____

Telephone (including area code): Home (_____) _____

Cell (_____) _____

Work (_____) _____

Parent or Guardian: _____

Last

First

Middle

Address: _____

Telephone (including area code): Home (_____) _____

Cell (_____) _____

Work (_____) _____

Other Contact: _____

Last

First

Middle

Relationship: (friend, relative, etc.): _____

Telephone (including area code): Home (_____) _____

Cell (_____) _____

Work (_____) _____

INSURANCE INFORMATION

Medical Insurance: _____

Company Name or Plan Name

Identification Number of Plan

Name and identification number of covered employee, if employer plan or if other type of plan the name of the individual covered or holding policy and all other relevant information regarding insurance coverage: _____
