

## Emergency Medical Form

Team \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ Town \_\_\_\_\_

Parent or Guardian \_\_\_\_\_ Phone \_\_\_\_\_

Work Place \_\_\_\_\_ Phone \_\_\_\_\_

Medical Insurance Plan \_\_\_\_\_

Policy Number \_\_\_\_\_

Family Physician \_\_\_\_\_

Allergies \_\_\_\_\_ Regular Medications \_\_\_\_\_

Special Illness (asthma, diabetes, etc.) \_\_\_\_\_

Please note any special requests pertaining to medical treatment \_\_\_\_\_

\_\_\_\_\_

### **EMERGENCY CONTACT** (Someone we may contact if you cannot be reached)

1<sup>st</sup> Choice \_\_\_\_\_ Phone \_\_\_\_\_

2<sup>nd</sup> Choice \_\_\_\_\_ Phone \_\_\_\_\_

**\*\*\* IMPORTANT \*\*\***

### **PARENTS:**

It is essential that one parent or legal guardian attend all practices and games, or at least be available by phone in the event of an emergency. No hospital will treat a child without parental consent.