

**EMERGENCY INFORMATION & CONSENT**  
(ONE FOR EACH ATHLETE)

Athlete's Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone:(\_\_\_\_)\_\_\_\_\_ Work Phone:(\_\_\_\_)\_\_\_\_\_ Email \_\_\_\_\_

Father's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Employer: \_\_\_\_\_

Home Phone:(\_\_\_\_)\_\_\_\_\_ Work Phone:(\_\_\_\_)\_\_\_\_\_ Email \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Employer: \_\_\_\_\_

Home Phone:(\_\_\_\_)\_\_\_\_\_ Work Phone:(\_\_\_\_)\_\_\_\_\_ Email \_\_\_\_\_

**Family Medical Insurance:**

Carrier: \_\_\_\_\_ Group: \_\_\_\_\_

Policy #: \_\_\_\_\_ Group#: \_\_\_\_\_

Family Physician's Name: \_\_\_\_\_

Physician's Address: \_\_\_\_\_

Physician's Phone:(\_\_\_\_)\_\_\_\_\_ Email: \_\_\_\_\_

Allergies (list): \_\_\_\_\_

Serious Medical Conditions (list): \_\_\_\_\_

I/we hereby grant consent to any and all health care providers designated by: \_\_\_\_\_  
(organization's name)  
to provide my child \_\_\_\_\_ any necessary medical care as a result of any injury/illness.  
(name)

This consent includes First Aid and transportation to/from health care providers.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Father's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mother's Signature