

Emergency Medical Treatment Form

We the parents of _____ give permission for medical treatment of our child for illness or accident if we cannot first be contacted.

Date: _____ Parent or Guardian: _____
(print name)

Emergency Phone: _____

Parent or Guardian Signature: _____

***** **OR** *****

We the parents of _____ refuse to give permission for medical treatment of our child for illness or accident.

Date: _____ Parent or Guardian: _____
(print name)

Emergency Phone: _____

Parent or Guardian Signature: _____

Player Fact Sheet Date _____

Contact In Case Of Emergency (Other Than Parents):

Name _____ Phone _____

Child's Doctor _____ Phone _____

Child's Sex: Male Female Handed: Right Left

Hair Color _____ Eye Color _____

Height _____ Weight _____

Physical Impairments: (Glasses, Hearing Aid, Etc.)

Has Reactions To: (Medicine, Dust, Weeds, Etc.)

Any Other Need To Know Information:

