

Medical Information Form

(Please fill out completely.)

Athlete's Name: _____

Address: _____

Telephone: (Please provide accurate numbers in case of an emergency.)

Cell: _____

Home: _____

Work: _____

In an emergency, if a parent/guardian cannot be reached, please contact:

Name: _____ Relationship: _____

Cell: _____

Home: _____

Work: _____

Restrictions/Allergies: _____

Other health concerns the coach should be aware of: _____

I give consent for emergency treatment to be administered to the athlete listed above.

Printed Parent/Guardian Name

Parent/Guardian Signature

Date