



PARTICIPANT MEDICAL EMERGENCY CARD

Player Name _____
Address _____
City _____ State _____ Zip _____
Player Cell Phone _____
Birthdate Month _____ Day _____ Year _____
Age as of January 1, 2014 _____

Father's Name _____
Father's Employer _____
Father's Daytime Phone _____
Mother's Name _____
Mother's Employer _____
Mother's Daytime Phone _____

Family Doctor _____
Doctor's Phone _____

Special information regarding medical history: _____

Person(s) to notify if parents cannot be reached:

Name _____ Daytime phone _____
Name _____ Daytime phone _____

CONSENT TO MEDICAL TREATMENT:

If the above named participant needs emergency medical treatment and neither parent nor the family doctor can be reached, consent is hereby granted for such emergency treatment as may be considered necessary in the opinion of the attending physician.

Signature of Parent/Guardian _____

Print Name _____

Date _____